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child welfare

Dynamics and Content in
Group Supervision

Music as Therapy with Emotionally
Disturbed Children

Helping Children in Foster Care to
Cope with Separation from Parents

Use of Public School for Children in
Residential Treatment

Comments: Some Principles for
Working with Emotionally Dis-
turbed Children in the Classroom

Illegitimacy and ADC

June 1960

CHILD WELFARE

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CHILD WELFARE is a forum for discussion in print of child welfare problems and the programs and skills needed to solve them. Endorsement does not necessarily go with the printing of opinions expressed over a signature.

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DYNAMICS AND CONTENT IN GROUP SUPERVISION

Gladys Weinberg

Supervisor
Jewish Child Care Association of N. Y.
New York City

A report of an eight-month experience in group supervision.

My interest in group supervision began with considering what a group experience might offer three workers I was supervising individually. With one, I was confident that being supervised in a group would provide the ingredients needed at the time for further development. It seemed clear that she needed to widen the scope of her professional relationships in order to move away from supervisory dependency. I included the other two for different reasons. With one, I hoped that working in a group might relieve supervisory strains. With the other, although the supervisory relationship was positive, there was no consistency in her use of supervision. I thought a group, through the pressure of numbers, might accustom her to a more orderly way of working. I thought that these three workers had enough in common to form a group, since they were all experienced and on this basis would have something to offer each other. Besides, there were enough differences in their ways of working to stimulate them to examine their differences.

The Functioning of the Workers

Worker A's functioning with her clients was superior and consistent with the expectations for an experienced caseworker. The supervisory situation was basically satisfactory. There was meaningful dependency of the worker on the supervisor, with the worker seeking help in realistically difficult situations. The next step should have been for the worker to affirm her worth, to independently know and take responsibility for what she could do on the job. This she was not ready to do without supervisory support. Though she was able to carry assignments given her and wanted the responsibility and status that come with special jobs, I had to continually push her to accept assignments appropriate to her position and ability. She had developed considerably during the four years we had worked together, but she was still lacking in

professional self-esteem. This was such a pervasive lack in her personal-professional makeup that even though she respected my intelligence in other situations, she denied my judgment when I showed appreciation for her special abilities, feeling more comfortable with the belief that I accepted her work because of my relationship to her. She counted on my support at times of insecurity, denying her full abilities. Added to the problem was her awkward manner with other professionals which kept them at a distance, so that they did not know her work or she theirs.

I hoped that in a close knit group in which I maintained responsibility, she would learn to communicate what she knew to others and gain their respect for her special competence. I believed this would give her an experience in being accepted by her peers and a means for testing my evaluation of her worth.

Worker B was a skilled worker, functioning at a superior level. The character of the supervisory relationship was that of equals, with the supervisor being consulted by the other because of her greater experience. This was acceptable since this worker respected what I had to offer and I understood and appreciated her special qualities as caseworker. The worker felt competitive with me but this served as a spur to greater achievement rather than as a detriment to her development. I did not know whether Worker B would have enough connection with the other two for the experience to touch her deeply; however I was reasonably confident that she could profit from organizing her thinking for group presentation. It was when I watched her interaction with the other two that I understood more clearly her impact on others. I realized I had been doing her a disservice in not emphasizing certain problem areas in her functioning.

As for Worker C, I was dissatisfied with the individual supervisory situation but had no specific goals for her in the group. She too was an experienced worker, functioning at

senior level. In some respects there was an acceptable working together in supervision, but basically supervision was not sound: There was inadequate emotional interaction; the character of the relationship was undefined; she had not settled into a dependent or a consultative relationship, nor did she function independently. In addition, while I wanted supervision to include working on personal-professional problems which were continuing to mar her functioning, she was not willing or able to permit this. I hoped the group might be a medium through which this worker and I could get to understand each other better. Another possibility was that one of the other workers or the group as a whole might reach the worker in a way that was not happening in individual supervision. As the meetings progressed and I saw the worker and myself in the perspective of the group, I more fully recognized the nature of her resistance, which precluded the kind of relationship I had been trying to establish.

I was also interested in how the group would affect my supervisory practice. For instance, I am available to workers through extra conferences, to the extent realistically possible. In the supervisory relationship, this has the effect of encouraging dependency when needed, but also of serving as a prop when workers could be functioning independently. I also function best in a situation where the relationship is an important factor in teaching, and feel frustrated when workers are temperamentally cool or interested only in direct teaching. I was interested in learning how these and other characteristics of my functioning would be affected in a group.

The First Meeting

Before beginning the meetings, I discussed the setting up of the group with each worker. They had varying reactions. They recognized that it would be challenging and that there would be competition from knowing each other's work, but also they feared losing the supervisor as individually known and were concerned about revealing themselves to peers. Would their confidences be respected and their weaknesses protected?

At our first meeting I presented the basis for setting up the group, and expressed the

hope that our work together would provide an experience in communicating ideas, attitudes and feelings. The workers would learn to present cases in such a way that others would be able to understand and react on the basis of the presentation. This required that each have a consciousness of casework techniques and learn to know and present her ideas so that others could understand enough about her strengths and weaknesses to offer helpful suggestions. In the broadest and deepest sense, this could mean learning to be one's self through learning to be with another. I will quote from my notes of the first meeting:

"... You are all experienced workers with different personal and professional experiences. As I see you in operation, with all your differences, there is one tremendous similarity. What you communicate to others is often only a small part of what you are thinking and sometimes a distortion of what you are feeling. This is not total for any of you, but operates to a varying degree in each of you at different times in different situations.

An experience in a group of your equals with supervisor retaining leadership is one way to test out your impact on others, and theirs on you, of learning to express yourselves so that others hear what you want to say, and you understand what they want to express."

I hoped that this experience in communication would lead to meaningful and satisfying professional relationships and to accelerated professional development. I also described the general plan for a series of meetings.

Frequency and Content of Meetings

Group meetings were set for two-hour periods once a week. Individual conferences of one and a half hours were to be held every three weeks. In the first month we held weekly individual conferences just as before the group was set up. They were used primarily to discuss worker's reactions to the group. At the end of six months, the three-week interval for individual conferences was the established routine. By the end of eight months, workers sometimes cancelled individual conferences.

Meetings were divided into two parts—a half hour for business matters and a half hour for case discussions. Cases were scheduled for two successive meetings. The business part included content that was to be discussed

routinely. Either the workers or I initiated subjects for discussion.

The workers took turns in presenting cases. A worker would describe the casework situation, concentrating on the problem area and giving enough background to make the problem understood. The dictation was current. The other workers were not expected to read the entire record, but usually read enough to have a point of view or a question on some essential aspects. Discussion was free and informal.

The meetings provided opportunity for diagnostic evaluations, clarification of worker's attitudes and conflicts, and direct teaching. The presenting problem at one meeting was a foster mother's subtle sabotage of agency-provided remedial tutoring for the foster child in her home.

Review of the record showed a good relationship between foster mother and agency for the first few years, then a developing undercurrent of tension. This difference was noticed after projected plans for adoption, which had been considered with the foster mother, were cancelled because the own mother withdrew relinquishment. Since the foster mother's attitude changed after adoption plans fell through, the agency had believed that she was disappointed and upset by being first offered and then denied adoption. Reevaluation of the developments showed this to be a faulty diagnosis: The foster mother had been ready to adopt because she liked the child, but she preferred to remain an agency foster mother.

Misunderstanding of this basic assumption had been a constant irritant for foster mother and for agency. On the basis of the corrected diagnostic evaluation, casework with both foster mother and foster child was redirected.

Meetings often began with question about a worker's attitude to a client. At one meeting, question was raised as to whether a worker "liked the foster mother." Her recording showed her as holding back from a meaningful involvement. Discussion brought out that the worker liked the foster mother, but was caught between her liking and repressed awareness of the foster mother's inadequacies. With her conflict recognized, the worker could then consider realistic casework planning.

Sometimes discussion flowed from a worker's expressed discomfort with her feelings about a client or what she was doing with a

client. In presenting her case, one worker felt she "hated" the child's mother and reported an incident where she had "acted out this hate." As the meeting progressed, it became clear that the worker's "hate" was that she could not tolerate her failure in the case. The other two workers were touched, and reached out to the worker in her frustration.

Child and own mother were intertwined in a destructive relationship, and the worker had been unable to help the child either through direct work or through helping the mother loosen her hold on the child. Worker therefore "hated" the mother for making it "impossible to help the child."

It became clear that even though the worker had made no headway in affecting the parent-child relationship, she had helped the foster mother gain the child's confidence. The child was beginning to tell the foster mother something of the bitterness of her life before placement. This was a step toward separation from her destructive mother.

Most meaningful in this discussion was the experience of having an unacceptable feeling like hate directly expressed, sympathetically accepted, and then channeled into objective thinking. At another meeting, we discussed adolescent "loneliness" beginning with an article in *Psychiatry*. Each worker brought case illustrations. The content of meetings was as varied, and the emotional upsurge as full, as time, place and the potentials of each participant permitted.

Supervisor's Participation

Setting up the group was within the framework of my supervisory responsibilities for seeing that the job as defined is carried out and for making opportunities for further learning available. My responsibilities and authority therefore remained the same as in individual supervision although my activities changed to fit the group situation.

My participation in discussions varied. During some meetings I said nothing, the workers carrying the discussion among themselves. At others, I took over the presentation. For example, on one occasion, I presented our way of working with psychiatrists, areas of psychiatric responsibility and casework responsibility, the authority of each where both had responsibility. I presented agency practice, and the thinking behind practice. The workers

discussed their current cases in the light of the general principles.

Sometimes one worker presented a case and the other two could not grasp enough of the problem to raise questions. Sometimes they had so much disagreement that they were too uncomfortable to express an opinion. In such situations, I joined in the discussion with the presenting worker until the other two could begin to participate.

Management of the group remained a supervisory responsibility, with the members actively participating in coming to decisions. The following examples will show how this worked out.

At one point a worker needed extra supervisory time. I was ready to give her additional individual conferences, but she felt she could not afford the time. I presented the situation to the group, with the suggestion that they might have to disband and return to individual conferences. Since disbanding was unacceptable to them, we managed to reach a different solution, agreeing to concentrate on the one worker's cases for the next four instead of two meetings. Though there was resentment that the one worker required so much of the group's time, they preferred this to disbanding.

On two other occasions, two different workers had to be absent. Both times the remaining two were fearful of meeting. It would be "too intimate." The absent worker would be "missing too much." I thought they were hesitant because they had found their comfort in the group of three, and did not want to risk a new kind of relatedness when one was missing. When I suggested we meet and see what happened, the workers were ready to try. The meetings were different, but on both occasions the workers agreed they were profitable.

Evaluations

Evaluations of all three workers were due the same month. We held a group meeting on an evaluation, if the worker wanted it, and then an individual conference with the supervisor for the final evaluation. The worker scheduled for the first session was hesitant about a group evaluation, so one of the others volunteered to be first. All finally had group evaluations. At the group meetings, the worker being evaluated described what she had learned about herself and her way of working. This always included her different feeling and better understanding about the way the

other two worked. The other two then added what they had learned from and about the worker being evaluated, and their different feeling as they understood the personal-professional values on which her casework was based. As one worker said of another, "I thought your work with parents was harsh, until I saw that you are not hard, but protective of the children against a parent's destructiveness."

After the group evaluation, I had an individual evaluation conference to review the worker's entire performance and to assess what participating in the group had meant to her. My evaluation of the worker was shared with her alone. I found that the group plus individual evaluation enabled the workers to have greater awareness of themselves. What they found out about themselves from group interaction was more easily assimilated than what they learned in individual supervision.

Workers' Reactions to Each Other

Each worker came to know much of her impact on the other two. This began with the first meeting, when one worker objected because another was doing a word game while listening to the discussion. The worker doing the game had not realized the other two would feel insulted when she did not give full attention to the discussions. Throughout the meetings a worker would object when another was late or could not come to a meeting because of her "emergencies." The worker with the emergency felt that she was being pressured. The workers making the objection thought that the worker coming late was too much taken with the importance of her own cases just because they were hers.

The workers became aware that each interpreted her own behavior and the behavior of the other two according to how much her own needs colored what she saw. This is elementary knowledge, learned early in training. They found, however, that what they learned from this experience was more easily integrated.

Another worker's characteristic way of relating became clear as the meetings progressed. She would sit silently until a certain point in the discussion, then give her thinking. To one of the others, this felt like consummate hostility, as if the first worker was sitting back, building up an attack, waiting for the ap-

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appropriate time to strike. The first worker had no awareness of striking or wanting to hit out against anybody. Her sense of self, her customary way of being herself, was to think through a situation and when she had the problem thought out, whole and in focus, present her opinion. With the knowledge that others felt her as hostile, as negating, she had a choice. Did the reaction of others have enough meaning for her to examine her attitudes? Was the effect on others, their thinking well of her, important enough for her to do something about herself? The group could bring awareness. It was for her to weigh, to balance, to decide what she wanted to do.

It was interesting that insensitivity and bluntness in another worker's manner that ordinarily would be resented was recognized in the group as awkwardness and not considered hostile.

Since this was a supervisory and not primarily a therapy group, we did not go into why each worker acted or reacted as she did. The group served to have workers know, in the immediacy of its happening, the almost unbelievable difference between their awareness of what they were doing and the reactions of others who were interested in and affected by them.

Throughout the meetings, one worker was interested in understanding her likeness to and differences from the other two. She would frequently say, "I work with Mr. Adams in the same way as you do with Mrs. Carleton," or "I wish I could face Mrs. Stone the way you do Mrs. Crane," or she would listen and watch as a worker presented a case, her expression seeming to say, "I wish I could do that." At one point this worker had to violently negate her own abilities, seeing the way the other two worked as the only way to be a good caseworker. Her concentration on how the other two did casework brought out her despair at her own "inadequacy" compared to their competence. After expressing her feelings of worthlessness, she was able to move to affirm her strengths, her way of being a caseworker.

The effect of the group in another instance was not to bring about any new understanding of self. It was primarily validation by others of what the worker already knew about herself. As supervisor I had recognized her abil-

ities, and the worker was slowly learning to take credit for what she was able to do. The group experience accelerated this process. This worker's way of presenting, which ordinarily would hold others at a distance, did not have this effect in the group. The other two could therefore learn to know and respect her thinking about their cases. Also, her casework was understood and respected by them. This kind of experiential or relationship learning was not verbalized or in any way conceptualized, but was felt through the group's way of working together.

Supervisory Learning

Though I cannot clearly define the differences in my impact on the group, I know that I became more aware of myself in action, and in picking up a point with any one worker, I was aware of the reactions of the other two. For example: I raise my voice when impatient. In the group, I recognized that I become impatient when I believe a worker knows more, has more understanding, than she is using. Having this kind of self-awareness allows for more conscious use of feelings.

I also became more aware of some of the dynamics of identification in my supervisory relationships. Where the identification was positively based in personal factors (age, intelligence, certain kinds of similar sensitivities) I had a tendency, in the one-to-one relationship, to de-emphasize certain negative aspects of the worker's functioning. I found that in the group I became aware of and could take over the other workers' more correct positive and negative identifications with such a worker. I also found that where there was a lack of meaningful identification between a worker and me, this could be considered a means for diagnostic evaluation of the worker, rather than worked on as a supervisory relationship problem.

The group experience highlighted the positive and negative effect of having a worker the center of her learning experience. In individual supervision, I have helped workers develop their potentials to a high degree through concentrating on discovering their unique strengths and using these strengths to form their individual casework style. What this concentration on her as an individual does not give the worker, and this I learned in the group, is the feeling of an objectively

based supervisory experience. The emotional impact of the supervisor is not experienced as coming from outside but as springing from the worker's needs. The supervisee does not experience that supervisory participation, though shaped to the individual, is based in external, professionally determined standards. I do not know how much of this is implicit in individual supervision and how much comes from my personal-professional characteristics.

I have recently taken over some of the techniques I learned in the group. For instance, a member of the group was often helpful to another by using direct, often negative words to describe her. Words such as "hostile," "impatient," "harsh," "egocentric," were accepted each by the other. In context, I have since told workers they were "hysterical" or "compulsive" or "tender," or "that was nonsensical" or "that was foolish." I have found that this use of definitive, descriptive terms need not be destructive. The clarity of the simple description seems to get the attention of workers so that they are motivated to examine what they are doing. I also believe that characterizing an attitude or an action by naming it gives more weight and authority to the supervisor's role.

Some Conclusions

The group experience contributed to the development of the three workers and to my supervision of each one in several ways. Worker A, who in the beginning was unable to move away from supervisory dependency, gained enough confidence from group acceptance to risk further independent functioning. This may seem an inadequate statement of the vital meaning of this experience for Worker A, but in essence this is what happened.

For Worker B and for me as supervisor, there was a jolt in becoming aware of her hostile impact on others. Understanding this aspect of her way of relating as it affects her casework has been a continuing supervisory focus.

With Worker C there were parallel developments. Being able to involve herself with other workers as she had not with the supervisor, she gave up the trappings of a forced supervisory relationship and began a relationship based on her more real capacities. This

was naturally more satisfying for both of us. She is also re-evaluating her casework practice to arrive at an acceptable way of working which will be congenial to the professional self she has developed through the years.

From the perspective of having supervised these three workers individually before working with them in a group, I believe that these developments were a result of the group experience. At the same time, I wonder to what extent what happened in the group was a product of the specific composition of the group. Did the fact that it was a group of three bring about the close interrelatedness? Did it narrow the possibilities for identifications? Was the dramatic impact of one on the other in part due to their sharply different casework style? Is it important that all three workers had comparable professional experience? What was the import of my having worked with all three in individual supervision and my continuing to make individual conferences available? What part did the supervisor, who remained the responsible leader, play? It is probable that all of these elements were determinants in the specific developments of these workers.

The principles of group supervision that I can be sure of from this experience are:

The fact of numbers in a group increases the amount of available knowledge.

The experience of group acceptance affirms a worker's self-worth, which leads to heightened self-esteem. Group rejection brings knowledge of self that can stimulate self-examination.

There are innumerable opportunities for positive and negative identifications that give added opportunity for learning.

There is a kind of separateness in a group that serves as corrective for a one to one relationship. Supervisor and supervisee see each other more objectively in their interaction with others in a way not possible in individual supervision, where each is a constant participant.

I believe there are specific values in group and in individual supervision, but I would need further experience in group supervision to sort out what is unique for each. From this one group experience and many years in individual supervision, I believe that each form of supervision has value and, if possible, both should be available.

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Evelyn

**Music Therapist
Edenwald School
Jewish Children**

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MUSIC AS THERAPY WITH EMOTIONALLY DISTURBED CHILDREN*

Evelyn Phillips Heimlich

Music Therapist
Edenwald School
Jewish Child Care Association of N. Y.

The use of music therapy in a residential school to help establish communication with disturbed children.

ALL of us who work with disturbed children, whether they are of high, average or low intelligence, have in common the problem of communication. Because of this, Edenwald School has essayed the use of music as a therapeutic tool for communication, especially with treatment-resistant children. Before describing the work itself, let me give you a brief description of the setting in which it takes place and is integrated.

In New York City the Jewish Child Care Association has undertaken the major responsibility for caring for the needs of children of Jewish families who are unable to live at home. These needs vary greatly and many kinds of provisions are made for them. One of these is the service given by Edenwald School, JCCA's residential school for sixty-four retarded boys and girls from eight to sixteen years of age, many of them emotionally disturbed. At Edenwald the social worker is the core of a staff team composed of staff members giving services which include psychiatry, psychology, remedial teaching, speech therapy, medicine, dentistry, cottage supervision, institutional management and allied services. The social worker also guides and counsels the children and their families.

The programs of Edenwald School give the children care, treatment and educational training to help them make the most of their limited abilities. The children live together in small groups in the care of trained houseparents. The special New York City public school they attend on the grounds has some classes of as few as five children. The children also have help from reading, speech and music therapists who aid the children in overcoming their learning blocks. Besides these therapeutic aids, there is a program of group activities, athletics,

gardening and arts and crafts. In this non-competitive, therapeutic milieu many children flourish as they never have before.

Now that you have the setting, let me tell you about our program for using music as therapy.

The choice of children for music therapy follows a regular plan; preferably, children are selected from those who volunteer rather than arbitrarily being assigned. First an announcement is made to all the children that music therapy is available. The names of children who volunteer are presented to the entire staff, who also suggest candidates. Choices are then made from those children who present problems of failure in school, restlessness, destructiveness, inability to relate to peers or adults or to accept psychotherapy. Sometimes, too, children are given music therapy to help in diagnosis, when they are too blocked to adequately use conventional psychology tests. Their behavior in music therapy is used as an additional diagnostic tool.

A desirable group consists of two withdrawn children and one hyperactive child. The children meet for a half hour twice a week for the entire school year. In records made immediately after the sessions, note is taken of the children's responses to structured and unstructured materials, to their peers and to the music therapist. Throughout the week informal discussions are held with staff members as to the progress of the children. Then, at the regular staff meetings, a more formal report is given when reports and information are exchanged.

The Techniques Involved

Several media are involved in our use of music as a tool in communication—percussion instruments, folk songs, and chalking and painting to symphonic music.

* Given at the Conference Banquet, CWLA Eastern Regional Conference, Philadelphia, on February 5, 1960.

Percussion instruments are used for several reasons. First, rhythm is a primitive means of response and permits immediate discharge of feeling. Second, percussion instruments have no pitch and mistakes are not easily made, a factor of great importance to our children who have had failures in so many areas. Third, because percussion instruments vary enormously in timbre according to materials, size and shape, they permit a wide variety of experimentation in sound and motor sensory experience, yet are all fairly simple to handle. And finally, percussion playing can be at once an individual or a group experience, as complicated, as simple, as original or as imitative as the situation or the children demand. This answers a great need of the children for recognition, which can come to them easily through this medium. It also provides an opportunity for imitation, which helps the children make up for the meager opportunities they had at home for appropriate identification with an adult.

Folk songs are excellent vehicles for our children because they were created out of emotion for the purpose of expressing emotions. Because they have repeated words and phrases they are very simple and unchallenging to learn, and they provide an enormous variety of topics as well as varied melody and rhythm. The words of the songs, the shape of the phrases, the pulse, all stimulate the child to involve himself automatically and without too much thought or tension; they permit him the spontaneity of pleasurable response. The melody itself and the rhythm provide the necessity and pleasure of singing with an accepting adult and/or group, an experience which helps develop relatedness. The songs are stimulating and imaginative and associative verbal material as well as discussion frequently arise from them.

The third medium for expression is chalking or painting to music. In this, I provide each child with a sheet of black drawing paper sixteen by twenty-four inches, and varied colored pastels or finger paints. Then a colorful, rhythmic record like "In the Hall of the Mountain King" is played. The children are told to close their eyes and move their hands in the air while keeping time to the rhythmic patterns that they hear. After they have listened for about a minute, they are told to open their eyes, choose whatever colors of chalk they

want, and chalk on the paper in a pattern that comes to them from what they hear as they listen to the music. Out of this activity, many experiences, both in expression and in control, come to the fore. Children learn to let the music guide the pattern of the chalk, to share colors and to concentrate on the music. Above all, they learn to understand that what is important in this activity is their own unique individual pleasure; that what they produce is not important in terms of its being correct or incorrect, as it would be if they were asked to do a picture of objects or persons. It is their response to the music in a colored pattern of drawing or painting that is significant and of interest to the therapist. Many children fantasy aloud during or after working with the paint and music. This association or conversation is then incorporated into the music therapy session.

Now for the actual practical illustrative use of music with three children selected from those with whom I have worked at Edenwald School.

Work with a Timid, Repressed Girl

Leah was fifteen when she first came into music therapy. Her mother had been in a mental institution for two years prior to Leah's placement. The father was an elderly man whose income came from Social Security. One married sister displayed no interest in either Leah or her younger sister. Another older sister was in a mental institution.

On beginning sessions in music therapy, Leah revealed herself as an unusually deprived child, timid, repressed, over-eager to comply. In the generally unstructured, pleasurable atmosphere, she gradually thawed out a bit. Her voice grew clear and stronger. The mouth relaxed, the eyes would sometimes reflect genuine feeling. Support and stimulation came not only from the therapist but was generated by the showing and exchanging of feelings with the group in music therapy. At first when creative percussion patterns were requested, she feebly clapped together two tiny cymbals or tentatively shook the maracas to the rhythmic response of the group and the music therapist. Her participation in singing was the same. Her voice was weak, often inaudible. Her facial expression was one of bewilderment or of an eternal tense smiling at the lips, with eyes

blank. Leah's folk songs are contextually sang. At first, but later on poured forth.

In contrast, was her poem, own as well the song "S Child." I had with Leah I feel like a moth like a moth a long way repeated tune. When what the so verbally d sponded to feeling in emotion, "the subway station fast afraid I'm Mama, help all the other oneness with

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blank. Leah hitched onto the words of the folk songs as the simple evocative phrases were contextually repeated in each song that we sang. At first there were no verbal associations, but later on dramatic and significant feelings poured forth.

In contrast to her previously timid silence was her poetic and intuitive expression of her own as well as the group's feeling when we did the song "Sometimes I Feel Like a Motherless Child." I had structured this song particularly with Leah in mind. The song goes, "Sometimes I feel like a motherless child, sometimes I feel like a motherless child a long ways from home, a long ways from home." It is rhythmic, with repeated phrases and a mournful, yearning tune. When we finished, I asked, "Who knows what the song means?" Leah, who would never verbally discuss how she felt, swiftly responded to the question in relation to the feeling in the song. She said with profound emotion, "Well it's like when I ride alone in the subway and I can't read the signs in the station fast enough and I get scared and I'm afraid I'm lost and I say to myself, 'Mama, Mama, help me.' " She looked at me long and all the others silently nodded, avowing their oneness with her cry.

In the percussion area, where Leah had participated in a reflex manner with no creativity or abandon at all, she gradually began to experiment in accompanying her favorite songs. She dramatically underscored their meaning with a wide flourish of the maracas on a clash of the tiny cymbals. She began to use her body. Motor skills became freer. The cymbals were raised and clapped over her head, her shoulders moved and swayed rhythmically as the maracas wove their soft rhythm around the songs.

The children and I shared astonished and pleased surprise at her offerings. The more pleased and sharing we all were, the more intricate and creative her expression became. Soon she essayed a new instrument, the castanets—still a small instrument, in keeping with her gentle personality, yet a new means for expression. Now Leah was really reaching out. She learned to manipulate these clacking instruments with fiery facility. The children called them "Leah's instruments," and when it was her turn to give an original rhythmic pattern the children leaned toward her with eager

anticipation. The more they admired, the more creative and radiant she became.

One of the social workers came into the room as Leah happened to be creating a solo castinet pattern. She said to me later, "You know when Leah was working with those castanets she actually looked beautiful," and she did. Her face flushed, her eyes shone. Her head was thrown back like a Spanish dancer. The right hand was held high, the left low. She was at home and free in a world of sound and rhythm that she herself was making.

Leah's growth was even more graphically illustrated in her changing use of the chalking to rhythmic, symphonic music. When she first started, her deprivation and timidity were all too woefully expressed by meager, dull productions. Her chalk patterns in response to the music were thin, monotonous and of one, dull tan color. She herself was tense and constantly looked up from the paper for my approval. As she learned that all I wanted was that she chalk onto the drawing paper whatever color or design the music made *her* feel, she began to get joy from the opportunity presented. Each session her movements were freer. Strokes became bolder and more fanciful. The music charged through her. Eventually her productions became an esthetic delight to behold. Colors were bold or exquisitely delicate as the music suggested. Patterns were balanced, yet free. Often, as she worked at her easel, her movements were so free they were like a dance before an altar.

She was so delighted with her work that she asked once if I thought she could be an artist. I said, "No, that would take more education and opportunity than you can get. There is something more important that you can get out of your talent. When you marry, because you can do such beautiful things with colors and designs, your home and children will look lovelier than people's who are not able to do what you can." Her face shone with pride and contentment. She now displays a good capacity for friendship and, within her limits, excellent work performance. She is currently being given guidance in job-seeking in the community.

Work with a Hyperactive, Anxious Boy

The second child to be discussed is a boy of thirteen. He was eleven and a half when he

came into music therapy. He was hyperactive, distractible and anxious with strong feelings of rejection from his parents. In dealing with others he used trickery and teasing, testing the limits of their permissiveness and provoking them to get attention. However, any attempt at closeness in positive, interpersonal relationships made him feel threatened.

At first he expressed himself in music therapy by chaotically grabbing the largest drum in the room. But as I listened for some possible pattern in all his banging that I could pick up and imitate on the piano, Garry's pleasure in more organized drum beats grew. He was given more and more approval by his peers as his pleasure in constructive playing grew. His tension lessened and so did his teasing. He became so enchanted with the drums that after a year and a half he wanted to make one. It was here that his much increased maturity revealed itself. He followed through on the job, asking a friend to help him get a large nail keg from the hardware store, taking part of his allowance to have me buy skins for the drumhead, and working with the friend till he finished his heart's desire.

He showed the same growth in effective use of folk songs. At first he was so tense he could scarcely repeat the words of even one phrase. I had constantly to use songs like "The New River Train," where the phrase "Honey you can't love one" is repeated ten times with variations—"Honey you can't love two, Honey you can't love three" etc.—until he was able, without being aware of it, to master the song by its built-in repetitions. He was triumphant and joyous with this first conquest, but the journey ahead was still rough. However, at the end of a year and a half, Garry not only had mastered many songs with much pleasure, but started initiating and participating in discussions of the meanings of songs that were structured for his particular needs. For example:

Garry's five-year-old brother died during the summer. As was typical with Garry, he was unable to discuss with anyone his true feelings about this. One day I decided to use the ballad "John Henry," whose theme is the death of a man in his struggle to display his human strength against that of a steam drill. Some children, of course, use this song to express their feelings about masculine strength, as we will observe in the next child described. Garry, however, found it a vehi-

cle for releasing his feelings about death and his brother.

After I sang the song and the group accompanied me on percussion instruments, Garry said, "Mrs. Heimlich when you die, what happens to the soul? Do fairies come and take it up to God?" Then he shuddered and said, "How long does it take for the body to get to be just bones?" There was much excited interchange amongst the other children present. I mostly listened, occasionally supplying support or a direct answer when possible. Then Garry turned to me and said, in a low voice, "My brother died this summer. They put him in a hole in the ground." He shuddered again. Then he said, "I cried and my mother cried," and great tears silently but unashamedly rolled down his face. It was the first of many discussions Garry had with me on this subject. He was gradually able to talk more freely and even brought me a picture of the little brother.

In other areas, such as chalking to music, Garry has shown more organization and colorful, pleasurable expression. His face is no longer tense; he does not tease. He is closer both to peers and adults. At a recent staff meeting on Garry, his social worker, counselor and teacher all reported significant progress.

An Overcontrolled, Conforming Boy

The third child I want to tell about is Phillip, a friend of Garry's and a member of the same music therapy group. He was ten and a half when he first came into the music therapy group, a thin, awkward, tense and anxious child who was incapable of expressing his likes and dislikes. His emotional difficulties seemed to be related to anxiety about exposing his inadequacies. He had great fear of authority, and instead of expressing his resultant hostility and aggression, he made enormous efforts to control his impulses and always to conform to what he believed was expected of him.

He had a great drive for power in order to achieve a sense of adequacy. At the same time, he seemed to feel that strength and power were associated with destruction. This point of view gave rise to considerable ambivalence and distortion in his role and his way of adapting to the environment.

When Phillip began work in the music therapy group, he was continuously busy imitating the other children—how they struck the instruments, what color chalk they used,

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what kind of response they gave to the music. He tried desperately to please me, and would make pathetic attempts to memorize the songs without getting any genuine pleasure out of them. After many months, the permissive and pleasurable experiences in the music therapy room invaded his protective, conforming shell. Rollicking, rhythmic songs like "Love Somebody, Yes I Do" or dramatic songs like "Casey Jones" captured him. He had always loved trains and after a while started discussing Casey Jones, the hero. Much later he was intrigued with John Henry the strong man. He entered discussions on masculine strength and sang the song over and over. He asked me to get it typed so that he could memorize it when he was in his cottage. He mastered it and he was proud and satisfied.

As his belief in himself increased, he tried using his inner strength in social ways. He helped his friend Garry to make the drum. He even took it home and worked with his own father in shellacking it.

He started flexing his muscles, and used his new found strength to help me by appointing himself sole carrier of my portable phonograph. As he put it away for me, he would raise it high over his head and say proudly, "Look Mrs. Heimlich, it's easy."

In the area of chalking to music, he verbalized most clearly his newly discarded need for competition. When one of the boys said to me, "Mine is better than Phillip's," Phillip answered, before I had a chance to come to his aid, "Don't you know in music therapy there isn't any one child's is better? Every child has a right to his own imagination, isn't that right, Mrs. Heimlich?" For Phillip and for me it was a red letter day. He knew and he dared tell the world that he was a unique person with every right to express himself as he chose.

These cases are typical of the development of children at Edenwald School after about two years of experience with music as therapy. They are not only better able to live and work but they stand a good chance of achieving their full potential. We can look forward to their living in dignity as human beings who are able to share feelings as well as material things. They need no longer be isolated and a burden. With their newly found development, they too can know that they are accepted and needed as part of the community.

Henrietta L. Gordon

Henrietta L. Gordon was one of the truly dedicated leaders of the child welfare field. Those of us who were her colleagues at the League and in the social work field knew her deep feeling for children and parents, and her inspired efforts to improve services for needy, neglected and underprivileged children. No matter what she was called upon to do, she was never too tired to help. Her tremendous vitality was an outstanding quality.

She had courage and conviction and she gave courage and conviction to others, so that many people took strength from her own personality and the forcefulness of her character. She believed in human betterment and fought for it.

Henrietta had the rare ability to translate technical and scientific data into human terms. This was one of her great skills as a teacher. Nothing was ever too academic and nothing was ever too technical to be explained and interpreted. She saw everything in terms of its effect upon human beings.

For almost twenty years Henrietta served the child welfare field as editor of *CHILD WELFARE*. Through her own writing and teaching, and through the articles, pamphlets and books published under her direction, she helped raise standards of care for children in this country and elsewhere.

The work she did, the friends who loved her, the influence she had, and the countless thousands of children whom she never knew and who never knew her, but who are leading healthier, happier lives because of her contribution to their welfare—this is her monument.

CHILD WELFARE is usually not published in August and September. This year, because of the death of the editor, Mrs. Henrietta L. Gordon, it will not be published in July and August.

HELPING CHILDREN IN FOSTER CARE TO COPE WITH SEPARATION FROM PARENTS*

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THE problem of helping children in foster care to cope with separation from parents has been given much thought. In my own agency, children are placed for foster family care, in nearly all instances, through the planned and voluntary action of their parents. In most cases the need for placement arises out of the parents' problems—mental illness, serious mental incapacity, emotional disturbance, or the absence, desertion, or death of one parent where the remaining parent was seriously handicapped in functioning and relationships. In the last years there has been, in addition, a growing trend toward placement in situations where families are functioning with a good deal of social competence but the parent-child relationship is so seriously disturbed that the child is no longer able to grow normally and has developed distortions in relationships and behavior. Often the parents who apply for placement have been working with our Family Service Department over a long period of time in an attempt to find a healthier and more satisfying way of functioning as parents. Our foster care case load is small, because in the close-knit community which supports and uses this agency there is strong emphasis on the value of family life and the importance of parental responsibility. Since parents are loathe to turn to placement, it is usually where the breakdown and pathology are most extreme that they come to us. Thus many of the children who come into placement in this agency have already experienced some physical and emotional aspects of traumatic separation. Parents have been separated or hospitalized, and children may have been cared for by relatives or neighbors.

* Given at CWLA Eastern Regional Conference, Philadelphia, on February 5, 1960.

A discussion of some of the aspects of the child placement worker's day-to-day functioning which help children cope with the experience of separation.

In this paper I am writing about children over three years old. (The unique aspects of separation in the earliest years of life¹ would require a separate paper.) I have tried to take a fresh look at the regular day-to-day functioning of the child placement worker, and have selected for discussion some of its aspects which help children cope with the experience of separation.

The Opportunity of Foster Home Care

The very nature of foster home care implies that, at the time of placement, there has been an ending to living at home and some willingness to begin again elsewhere. We hope that the child can invest himself with foster parents despite the loss of his own parents and the anxiety about newness and strangeness and the fearsome unknown. Though this ending and loss are partial, parental responsibilities are now largely delegated to the agency, and the child will live in a new home. For the child as for the parents these realities have more impact than the partial and temporary qualities of foster care.

We think of foster home care as a chance for children to function and grow in a more normal setting. The most important element is the opportunity to participate in a new relationship in a home where there is stability, and where the child's individuality is respected and the foster parents have a talent for guiding and rearing children. In some cases this opportunity to live in a more normal setting and to have a satisfying relationship with

¹ John Bowlby, *Maternal Care and Mental Health*, World Health Organization Monograph Series, 1951.

William Goldfarb, "Infant Rearing and Problem Behavior," *Amer. J. Orthopsychiatry*, 1943, 13: 249-265.

William Goldfarb, "Effects of Early Institutional Care on Adolescent Personality," *J. Experimental Education*, 1943, 12: 106-129.

foster parents, along with casework services, makes it possible for the child to resume his growth and gradually give up the distortions he had developed in relationships and behavior.

The philosophy and procedures of the agency, the skill of the worker, the maturity of the foster parents and the cooperation of parents are important supports of the child's capacity to live anew. Seldom does adjustment come about without some struggle and crisis. At best, settling down is likely to come slowly and unevenly, and not without pain.

In recent years, with the increased emphasis on the importance of the child's continuing relationship with his parents, we have seen that we must assume the responsibility for helping him straighten out his feelings about his own parents and the reasons for placement. We know that if he can begin to see his parents and their problems realistically and with some acceptance, it will have great significance for his healthy emotional adjustment. It can give him a sounder footing in his relationship to his foster parents, and can contribute to the changes necessary for an eventual reunion between parents and child. No matter how young or limited or emotionally upset the child may be, we feel that he has in him the capacity to face, with the worker, the reason why he had to be placed, and what has kept the parent from taking care of him.

Parents' Part in Clarifying Placement

It is important that the child know from his parents why he is being placed. Children can often bridge the gap of physical separateness even when it is quite total. What remains to be struggled with, whether acknowledged or denied, is his question, "why?" Placement is a positive and responsible step taken by parents with the agency, to provide proper care for children and, if possible, to eventually resolve the problem that made the separation necessary. But the other side of placement is the symbolization of rejection and incapacity; this negative side is likely to remain a dynamic factor with which the worker, the parent, the foster parent and the child all struggle. The success of the placement service depends on

their coming to terms with it. This is truly one of our serious problems.

Despite conviction that the reason for placement must be clear and acknowledged by parent, agency and child, it is difficult to find recorded material that establishes this as a regular part of the placement process. Too often the reason is given as temporary sickness, lack of a place to live, and such external factors that are symptoms or additional problems but not the problem itself. The parent finds it too difficult to face, and the worker accepts the part reason for the whole.

Mrs. King, seen in the mental hospital, acknowledged Dicky's need of foster care. Mr. King, also in the hospital, will probably always remain there, so she was grateful that we came to discuss placement with her. Mrs. King was brought in for the court hearing and Dicky was committed on a basis of dependency. The court procedure was intended to clarify the basis of commitment for thirteen-year old Dicky and his mother. But two years later Mrs. King, living at home again, her adjustment still precarious, believes that placement was made only because she was in the hospital. She still has not come to grips with the fact of her sickness. While she is at once too wise and too fearful to ask for Dicky's discharge, she expresses her ambivalence and indefiniteness, feeling injured and left out, saying she wants a greater share in his everyday life; today convinced he needs foster care, tomorrow asking what she must do to have him home again. This affects Dicky's security; he feels torn and the foster parents find themselves reacting despite their maturity.

How far can a worker go to help such a mother take hold of her sad reality? I believe that there can be a way to clarify the reason for placement, and that this would have helped Mrs. King. In the following case, the facts were faced squarely:

Mrs. Brown has been in and out of the state hospital for a number of years. When Mr. and Mrs. Brown planned to place Edith, aged five, and Robert, aged nine, Mrs. Brown told the worker that she wanted to go ahead with placement because she could not take care of the children. She wanted to leave the hospital to attend the court hearing and she did. She said she really understood her inability to care for the children and give them what they needed, and the worker supported her in this. Mr. Brown, a seriously disturbed man, had tried to look after the children, although he knew that their care was too much for him.

These parents had been able to face the simple stark reasons for placement with the worker and the children; our efforts to work with them and the children have had a good measure of success.

Child's Part in Placement Process

The task of helping the child to cope with his separation is continuous. It begins when the parents and the agency have decided together on the placement. The agency and the child must know that both parents want placement, or that every effort has been made to reach and include both parents in the process.

The child needs the support his parents or the responsible relative give in bringing him to the office. This is part of a step-by-step process in which he is offered the opportunity to engage himself in his placement. We know how important it is for him to make the first trip to the agency to see the building and to meet the worker, and to find the courage after one or two or three visits to put his hand in the worker's and go down the hall alone with her, in his own time and his own way, holding back or forging ahead. When he can let the worker tell him about the foster home and can ask a question or two, and if he can perhaps even mention to his parent some small thing that he has learned, he is beginning to move toward placement. The importance of the process is to offer him a chance to experience the beginning of separation in small parts and to express his reactions to the caseworker, who understands his unique way of entering into the placement and goes through it with him, not denying the anger and hurt, but aware of the strength and the onward movement when it comes. The court hearing and the trip with the worker to the agency doctor are all prepared for, and if they are properly used, can also help the child to take hold of his inner strengths. These steps in the process allow him to feel the bad and the good, the defeat or the mastery of each part, as he goes into the experience. It is the difference between learning to swim and being thrown in.

The placement day is important. For Mrs. Kane and for ten-year-old Nancy and eight-

year-old Linda, it was the culmination of a long process.

Mrs. Kane and Nancy had been quiet. Nancy put her head in her arms and sobbed. Her mother put her arms around her, whispering tenderly in her ear. I said to Linda I knew this was hard for her too. She looked sadly at me but a smile kept breaking through, and she began telling me about a friend who had gone away. Her voice broke. I said that it was sad. "Sometimes it helps to cry." "I can't," she said.

After a few minutes, Mrs. Kane asked the girls if she could go. Nancy didn't respond. Mrs. Kane kept her arms around her and in a while whispered, "I'm going now, all right?" Nancy nodded. Mrs. Kane turned to Linda and they hugged and kissed good-bye. Then Mrs. Kane went back to Nancy for a kiss. Nancy had to be coaxed. Then Mrs. Kane quietly left.

Nancy continued to cry, but more quietly. Then Linda and I talked about how hard it was for her to cry. Slowly Nancy stopped crying and looked up. She smiled shyly for a moment, but was very solemn. I asked if they were ready. They both nodded. So we got our things together and left.

In this moment of ending and separation there is also an element of uniting. Though we generally assume that separation weakens communication in relationships, it can also be used to strengthen communication. We see this in work with families before and after placement.

Family Visits

We have come to believe that after placement is made, visits with parents provide an opportunity to work out the parent-child relationship and help the child with his separation. In connection with the visits, the caseworker's interviews with the parents touch on vital aspects needing discussion. Their feelings of guilt for the placement, and feelings of loss as the child accepts his foster home, are inevitably expressed to the worker. At times parents lose sight of the realities which necessitated placement, and feel it is the worker who is keeping the child in foster care. The parent's pattern and problem emerge in the relationship with the worker, so that these interviews offer the opportunity for basic casework help. The parent's changing relationship to the worker and to the placement

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service is closely intertwined with the parental maturity and competence that may be faltering or developing.

In the case of Mrs. Kane, five of her six children are in placement. She has had an unhappy life in which she has come to feel she lacks strength and worth. She has a deep tie to her children, but when anything at all difficult needs to be faced with them she often resorts to promises to take them home instead of working out the problem. Her relationship to the worker has in it all her longing for acceptance, her shame and feelings of failure, and her tendency to avoid reality. In planning with her for a visit with two of her children, the worker used the interviews and the visit itself to focus on his relationship with Mrs. Kane, and on the relationship between Mrs. Kane and the children and between himself and the children.

In two prior interviews with Mrs. Kane, we discussed our relationship and how the problems in it interfered with her relating to the children's problems in a more helpful way. I questioned whether her telling the children that they would come home next summer was giving them a fair chance to settle down and live a normal life. Mrs. Kane responded that she had promised the children some things she couldn't deliver and was sorry. As we discussed it, I could see she was not really sorry or understanding very deeply. She looked reluctantly at the effects her promises have on the children and said, "All right, I'll explain I can't take them home—is that what you want?" She saw that the children need the truth, and was willing to face the embarrassment and hardship of telling them. At the same time, she was doing it not so much for them, as for me.

After a visit she brought the children back so that we could have an hour together. I suggested that we need to discuss why the children were in placement and how long they would be here, so we could all know that there were no secrets and nothing to hide. It might be hard to face, but if they could face it they could at least settle down where they were and live a little, without constantly waiting for something to happen that seemed just around the corner but really wasn't.

I asked the girls to tell me what they thought would happen about going home, and why they were in foster care. They went through the old story completely, and Nancy was angry with me. This time Mrs. Kane, at my direct request, responded to the children's statement. She said it wasn't the house, that even if she had a house

she could not take them. It wasn't her operation and it wasn't money. She was too unhappy and not strong enough to raise a family. Some day, if she ever got married again, it might be different. I supported that, saying that Mom really needed somebody to stand beside her and help her. This is why families existed; it is hard to stand alone. All that was way in the future. Mrs. Kane told them she couldn't promise them anything. I tried to say that what Mrs. Kane was doing today showed me how much courage she had and how much she really loved the children, because it was so hard for her to say this to them. What she wanted most was to have them with her, and yet she didn't want them to grow up the wrong way.

The children were pretty depressed by this, but it had struck home. Linda said she was angry with me, which I picked up later. Mrs. Kane kissed the children good-bye and left. Gradually, on the way back to the foster home, Nancy, Linda and I could talk it over more.

The difficulties do not get settled all at once. They subside, getting partly settled, and recur. In such periods the worker must continue to be mindful of the needs of the children, and of the importance of the parent-child relationship.

Nancy was making good use of her placement and was maturing even though she had many persisting problems of her own. She was also growing in understanding and compassion, despite her mother's problems and immaturity. She could do a good deal of growing in foster care, but she was often unsettled and deeply troubled by her mother's inability to stand by her and appreciate the progress she was making.

The worker must affirm the child's ability to grow and to have a life separate from her mother. This is equally important for the child and the parents, if each is to fulfill her role in the relationship.

Nancy, Mrs. Kane and I came back to my office during the family visit. Nancy started by asking her mother if she was taking her home. Mrs. Kane looked at me before answering and I told her that she could talk to Nancy as she would talk to an adult. If Mrs. Kane could tell her exactly how things were, maybe she could understand. Mrs. Kane told her she wanted to take her home in January and was hoping to do so. I said Nancy knew Mrs. Kane was having trouble finding an apartment and had just gotten on welfare. Maybe Mrs. Kane could tell her something about this. Mrs. Kane then began to tell Nancy about working with the Department of

Welfare workers and that she was again going to try to work with Vocational Rehabilitation. Nancy told her mother she wants to go home with her but she doesn't want her mother to make promises unless she can keep them. I went over what Mrs. Kane had told Nancy; that I knew her mother was trying very hard and I knew that promises upset Nancy and the other children. Mrs. Kane could finally relax and feel she didn't have to promise Nancy she would take her home and Nancy was able to say to her mother that although she wanted to come home, she didn't want to look forward to it constantly and as constantly realize that the planning could not be carried out. Nancy went over to her mother and kissed her and told her she loved her and she understood how hard her mother was trying. Mrs. Kane told Nancy she wanted her to go to school regularly again and Nancy said that she would.

We feel that we need to be on hand at office visits with parents who are psychotic or withdrawn or angry and accusing, in order to express acceptance of feelings, to inject our expectations of control, to help timid or silent parents and children begin to communicate a little, to encourage or to limit, to guard a child against over-great exposure to psychotic manifestations. We sometimes see parents and children before and after each visit.

Casework Interviews with the Child

During the course of placement, with all its ups and downs, the problem of the child's understanding of his parents, and what it is that makes placement necessary, is returned to at various times in interviews between worker and child. Hopefully, there can be an increase in acceptance as the child matures in emotional development, even when parents' problems are continuing to be acute.

When Edith came into placement at the age of five, we thought she had a good realization of why it was necessary. Edith and her worker thought it through in various ways and at various times in relation to the events and feelings which Edith was experiencing.

Two and a half years after Edith's placement, Mrs. Brown has had to go back to the state hospital once more, as has often happened in the past. Edith is upset and blames her father. She said his actions were the cause of her mother's sickness. I accepted that the conflict caused by

their dissension did have something to do with it, but questioned if it were all his fault. We then went into a discussion of why she had come into placement and what did "sickness" mean when she referred to her parents.

It was very difficult to communicate because of her lack of vocabulary, but this time Edith was not shy or self-conscious. She and I struggled together for a common understanding and she was able to tell me each time that she did not understand a word. Finally she came to understand that her mother had been sick a long time—since before Edith was born and probably before Mrs. Brown was married. Her sickness took the form of dreaming when she was awake and not really knowing the difference between the dream and the real world. But when she was not dreaming, she was a good and loving mother. We did not know if she would ever get completely well, but she was getting help from a doctor. Her father's sickness took another form. This she understood in terms of his being frightened, nervous, unhappy and never able to sit still. He, too, had his trouble for many years, even before he got married.

There was a greater ease and maturity to this discussion with Edith than ever before.

The Role of the Foster Parents

The attitude of the foster parents toward the parents is important. Mature and accepting foster parents can support a child's attempts to understand his mother and father, or at least can be depended upon not to add to the child's problem.

Mr. and Mrs. Kline were foster parents with many years of experience in which they had worked with the agency and come to accept that some parents cannot succeed in rearing their children. When the worker felt it was safe to take Paul's parents to see where Paul lived and meet his foster family, the Klines were sharing of their home and discussed Paul's problems in such a relaxed way that his parents told the worker that they liked the foster parents and were glad Paul was with them. Had these foster parents had a problem about separation and about failures in parental responsibility, this visit and Paul's progress would have been more difficult.

Few foster parents can accept or understand parental failure without help over a period of time. It is also hard for them to meet seriously disturbed parents. The agency has a heavy

responsibility. Foster parents must be selected with the care to reveal the parents' attitudes. Some experience is necessary, but not too much, and pity should not become an excuse. Sometimes, to avoid visits with the foster parent, the perspective of the problem in the home is necessary. Foster parents should identify with the same time and separation, accepting of the foster parent, it has since separate from the

Worker's Role

The worker's role is to provide a reality for the child and then to help her to become as they are. The person contacted and placement and in the separation and child's again. The worker needs to understand the parent's responsibility and being the same mother while the visits are many problems.

Mrs. C. Robert has made an attempt about his aggression and terror. She described an argument

responsibility to help them with these feelings. Foster parents may have difficult experiences with the child's parents during visits that reveal the parents' problems and inner disturbances. Since the foster parents are likely to experience embarrassment, criticism or rejection by the parents, or perhaps great sympathy and pity toward them, their personal feelings become involved. In addition, they are sure, at times, to find that the child is upset by his visits with his parents. It is hard for most foster parents to achieve the balance and perspective that is required to bear with the problem in the parent which made placement necessary. For the child who is beginning to identify with his foster parents and is at the same time involved in a process of emotional separation from his parents, whether he is accepting or rejecting of them, the attitude of the foster parents has profound importance. It has significant bearing on his ability to separate from his parents in a healthy way.

Worker's Continuing Responsibility

The caseworker has continuous responsibility for helping the child cope with separation, and therefore with his reality. This requires her to be responsive to the needs of the case as they arise, and deeply involved with each person concerned in the placement. The content and the process differ in the beginning of placement, in the middle period of foster care and in the ending phases. In some cases the separation has been necessary so that parents and child can live more happily when together again. To be reunited healthily, the parents need to take firm hold of the roles of mother and father. No matter what reasons brought the parent to ask for placement, it is necessary that the responsibilities and feelings of being the parent are gradually resumed, with some measure of success. It is hard to do this while the child is still in foster care. The visits are one of the most appropriate of the many preparatory steps.

Mrs. Green has been asking when she can take Robert home. He has been in placement a year and has made remarkable progress. She is feeling different about her relationship to him. Where once his aggressive and obsessive behavior threatened and terrified her, he now seems calm and normal. She described their visits as completely without argument or strife. He behaves well and she

yields to his every request and whim. The worker agrees that both Robert and Mrs. Green have each separately done well this past year. But what about their relationship? Would Mrs. Green dare to use her judgment if it meant saying no to Robert? Can she take a chance at being natural and truly motherly? Or is she treading on eggshells still? Mrs. Green had not thought she could be that natural when she visits with Robert. It is hard for her to see that, still so afraid of being his mother, she has not dared to take advantage of the beginning change between them and cannot yet separate herself enough to mother him as he needs it when he is with her.

Often we find more ability for change and growth in the child than in the parents. To help him accept and begin to understand this, too, is part of what we can do. Helping the child to cope with separation from parents during foster care has two purposes. The first is to strengthen and support him and his use of placement. The second and equally important purpose is to help work out the parent-child relationship so that they can begin to come together again, in feeling or in actuality.

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USE OF PUBLIC SCHOOL FOR CHILDREN IN RESIDENTIAL TREATMENT*†

Marcella Bernstein

Principal
Lone Oak Elementary School
Rockville, Maryland

IN the spring of 1957 Dr. Ruth Newman, of the Child Research Branch of the National Institute of Mental Health, approached the Montgomery County Board of Education about placing in the public schools six boys with whom they had been working for three years. These six severely disturbed, hyper-aggressive boys had been living in the Clinical Center hospital in a closed ward, where they were given intensive individual therapy and a school experience, in the hospital, which was expressly designed to fit their emotional and learning needs. The boys were to move to a cottage on the hospital grounds where they would be less restricted and less protected while they would continue to receive psychotherapy and milieu treatment.

In requesting their admission to public school,¹ Dr. Newman explained that the boys had average intelligence and no physical handicaps; all had suffered severe affectional deprivation and all had been expelled from school several times.

We considered the feasibility of including three of the boys in our school—Ed, who would be thirteen (ordinarily the age for Junior High), to be placed in a sixth grade, and Tony and Clifford, each twelve, to be assigned to two different fifth grades. Dr. Newman described the boys, and we discussed

A report of placement in a community school of three boys in residential treatment under Dr. Fritz Redl's National Institute of Mental Health Project.

the kinds of placements which would be available.

Ours is a large one-floor elementary school of 850 children and a teaching staff of twenty-seven. The grades run from kindergarten through sixth grade. We are located in a newly built, middle class, pleasant suburban area of modest homes. There is some economic deprivation in the lives of a small proportion of the children. Nobody is rich. Many fathers carry two jobs and about 30 percent of the mothers are employed outside their homes. Nearly all the children have a fair amount of stability in their families. There is relatively little serious delinquency in the school.

Because of a fairly stable neighborhood, very competent staff, and encouragement from our county board, we have been able to create a climate of acceptance of children's differences without forsaking our dedication to high academic standards. Our teachers attempt to meet children's individual learning needs. Other children with difficulties had been placed with us, and we tried to meet pressing needs for any child, so long as the even tenor of the school's daily life and activities was not disrupted. But we had not worked with children before who were so clearly labelled as these boys, and we did not know what to expect. It was therefore agreed that Dr. Newman and other staff members of the Child Research Branch would visit the school and observe our teachers and children at work, in order to see how their boys might fit into our classes.

The boys were all below grade in achievement and all oversize. We thought it desirable to place them in rooms where at least a few children would be close to the same size and would also be working below grade level. Were there teachers capable of accepting into "normal" classrooms children whose behavior

* Given at the CWLA Eastern Regional Conference, Philadelphia, on February 5, 1960.

† The data for this report are drawn from the work and thinking of the staff of our school. The teachers were Mrs. Susan Aubuchon, Mrs. Jean Gehman, Mrs. Eleanor Hetrick, Mrs. Mary Kelston, Mrs. Marilyn Meltzer; Mrs. Nadine Rogers was the secretary. The author is also indebted to Dr. Ruth Newman for her critical review of the manuscript.

¹ Dr. Newman in "The Way Back, A Transitional Treatment Phase Where Institutionalized Children Are Placed in Community Schools While Still in Treatment," describes criteria employed to determine when a child is ready to benefit from schooling outside the treatment institution, criteria for administrators and teachers which need to be considered in choosing a suitable school, and the arrangements for adequate communication between school and institution. This paper was presented at the 1959 Annual Meeting of the American Orthopsychiatric Association, San Francisco, California.

had in the past been so deviant that they were suitable candidates for hospitalization as part of a project studying extreme hyperaggressiveness?

The Preparatory Period

After many classroom visits and conferences with me, Dr. Newman met with the teachers who would be asked to take the boys. Some expressed their doubts during this meeting with Dr. Newman; others did so later. However, although they were apprehensive the teachers were interested, and agreed to take the boys in the fall. We all appreciated the implied compliment of being trusted with Fritz Redl's boys, but each teacher wondered, "Will I be able to manage him? What kinds of things will he do? Did Dr. Newman really tell us the whole story? Will I be expected to keep elaborate records? Will my observations be good enough? How bizarre will the boy's behavior be?" (We might have been a little less apprehensive had not one of the Child Research Branch staff asked us if our custodian was a big, powerful man who would be able to deal with a large, tough boy.)

A few weeks later, the three boys were brought to the school to show our students a large project map they had made. They handled the situation very well and gave the teachers an opportunity to satisfy some of their questions and concern. The boys had a chance to meet the teachers and children and to see the school. The second visit to the school was in response to my invitation to attend our closing exercises in June.² By this time all three teachers had been selected, and each one had an opportunity to meet the boy who would be "hers" next fall.

Despite the emotional atmosphere of a graduation and their own evident tension, the three boys again handled the situation well. Even Tony, whose gluttonous eating habits were not yet under control, was able to resist temptation. An unkind fate—with no psychological insights—had placed him directly in front of a table laden with candy and cookies, so that he had to see and smell the food for

an hour before it would be time to be a polite guest. It was hard, but Tony managed.

Although I had thought of the invitation as an invitation to the play on American history that students and teachers had prepared, it seems to me on looking back that I should not have asked these troubled children with serious family difficulties to witness a graduation—to be exposed to the expression of parent-child happiness at a successful landmark in a child's life.

The Teachers' Role with the Boys

Our teachers visited the Clinical Center to meet the Child Research Branch teachers, to see the schoolrooms where the boys had been working for the past three years, to learn about each boy's academic needs and problems, and to talk with Dr. Redl, the man whose plan of treatment for the boys had brought them to this point. It was also a chance for him to meet the teachers who were going to try to give these children their first major opportunity for normal social functioning back in the community.

When the plans for the coming year were being evolved, the teachers expressed many misgivings. They wondered how much they could be "expected to take," how much "irregularity" they should permit. Teachers have come to believe that when they work with children who are troubled or in therapy they are expected to relinquish the usual controls. The teacher thinks that the psychiatrist, psychologist or other expert expects her to be thoroughly accepting and to be able to rise above her feelings of frustration and anger—indeed not to have them. When something goes wrong, she thinks she should have been able to avoid it and worries that the therapist will think she does not know her business. The representatives of the Child Research Branch had attempted to make the point that a therapeutic attitude does not mean letting children act out their pathology, but that a troubled child *requires* outside controls since he lacks inner ones of his own. However, we did not really grasp all that this meant, and our past experiences with promises of help for difficult children had led us to be skeptical.

The boys were to come for part of the day at first. Gradually, the time would be extended until they were on a full schedule. Recom-

² It is not our usual practice to stage elaborate graduation exercises for sixth graders. This particular year, however, marked the school's seventh year. Thus the children graduating were the first to have been in this school for an entire seven years.

mentations for increased or decreased "dosage" were to come from the teachers, and final decisions were to be worked out with the CRB staff. During the course of the two years there were innumerable changes to meet the needs of the three boys, and all were worked out smoothly with a minimum of trouble for us at school.

Basic to the entire arrangement was the agreement that a boy could be temporarily removed at any time. Fritz Redl calls this "antiseptic bouncing." It meant that any time a teacher could not manage or thought a boy could not manage, she was free to send him to me and I was to phone the CRB whose staff would be on immediate call. We did not think of this as "expelling" the boys. Rather it was a plan made ahead of time with the boys, the cottage staff and the teachers, and it was clearly understood that if we had to ask a boy to leave, we meant for him to stay away only until he was ready to return, whether in a few hours or longer.

When a boy was "bounced," the CRB staff would work with him on the point at issue so that the removal would be useful not only to the school but to the boy who needed help with a problem.³ His readiness to return was determined by CRB. In other words, their therapeutic staff carried out the therapy and the school was able to concentrate on teaching. This freed the teachers of responsibility for treatment of personality disturbances and resulted in a teacher-child relationship uncontaminated by "therapy."

The desirability of such an arrangement will be evident to all teachers. It means that the child knows that the removal is meant to be supportive, that unacceptable behavior is neither permitted nor ignored, and that the issues will be gone into by another responsible adult. It makes it possible for the teacher to insist on certain standards of behavior in the classroom without nagging and threatening, and without feeling guilty or feeling that she must be at the end of her rope before asking that the student be removed. Although we called for this kind of help only twice in two

years, it was comforting to know that we could count on assistance at a moment's notice.

The Boys' Reaction to School

In September, the three boys—Ed, thirteen, and Cliff and Tony, both twelve—came to school in a government station wagon, which was to be the usual transportation. Many of our children are given lifts to school and the boys' arrival in a car went unnoticed. The first days were uneventful—except, of course, insofar as we were getting our feelings straightened out, for it was no longer a matter of theoretical discussion about how they would adjust—or how we would. It was evident that we were anxious and fearful.

At the end of two weeks one teacher said "In the beginning I worried—What are we getting into? Can I handle this? I kept telling myself that the CRB staff had offered help. But soon I discovered that Cliff wasn't any worse than three boys I had the year before. So I relaxed." Another teacher assured me, "I really wasn't upset. If the psychiatrists said Tony was ready to come, I figured he was."

Reactions among the rest of the staff varied. Some never knew who the boys were, even though they knew about the project and were interested. The staff apprehensions about actual danger were two-fold; they were afraid for the other children and for themselves. All of the boys were very large; one weighed as much as 195 pounds. However, things went well and after a few weeks we all relaxed. I no longer felt uneasy, and stopped making extra trips down to the rooms to see how things were going, even when there were substitute teachers.

From the start the three boys seemed to feel very much on trial and very anxious. They had spent three years in a tailor-made hospital school which had two teachers for only six boys. "School" had lasted an hour and a half in the morning and an hour in the afternoon, along with individual tutoring. Before their hospitalization, all three had failed in public and parochial schools and had been expelled. Reprimands for minor infractions would bring forth half-joking, half-serious comments like, "I goofed. Here I go. So long!" They persistently asked, "How am I doing?", "Am I behaving better?" "Is my writing better?" Tony seemed to remain anxious for the entire

³ This technique of administering therapy in reference to a distinct issue at the moment the issue arises the CRB staff calls "the life space interview." It is described in detail in a series of articles in *Orthopsychiatry* by Dr. Redl. Further material dealing with its use with these boys in relation to school issues is forthcoming.

two years and Cliff for much of the first year. Ed, the sixth grader, seemed comfortable by spring. He seemed to worry about whether he could do the work but gave outward indication, at least, of believing that we meant him to stay all year and be graduated.

It would be hard to know how much of the boys' anxiety was a response to our apprehensions, which were undoubtedly communicated to them; to the anxiety and concern of their CRB parent surrogates and well wishers or to their school experiences before hospitalization, which had left them with fears of yet another failure. The boys themselves had become quite close. They were interested in the details of each other's school activities and looked out for each other.

By November all three of the boys were asking to stay full time, and two were permitted to do so. Routines for work, homework, and tutoring had been established. They had made friends and were fitting into all the school activities. The two big fellows were a great help with heavy jobs because they were tall, strong and eager. Clifford was well on the way to being a basketball star and the cottage mother was baking cookies and attending PTA meetings. Tony, one of the fifth graders, continued to need direct supervision. His teacher said:

"At first I couldn't leave him in my room because he got into fights. I took him with me when I went to the washroom and Tony stood outside in the hall. Later in the year, he could stay in the room most of the time without me and not get into trouble. However, on some days, he would say 'I'd better go down the hall with you today.' But every teacher knows that there are many children who cannot take care of themselves without direct supervision. I'd take ten Tonys to some I've had."

It is rare to find a twelve-year-old with sufficient insight and control to be able to ask a teacher so directly to keep him from getting into trouble. We felt that this was a reflection of his treatment.

The Boys as Members of the Group

On the whole, the children in the school were supportive and friendly. They accepted the boys into their groups on the basis of individual choice and liking. By and large, children usually help each other. We noticed that these three boys seemed to get much help from other

children, especially from the girls, and we think it was because they sensed, and responded to, the boys' greater need. Their classmates went to parties at the National Institute of Mental Health Cottage and invited the boys to their homes and their parties.

An example of helpful effort was the little girl who said to Tony, when he persisted in stepping on her feet—hard, "Tony, you know the small silver loving cups they sell at the dime store? Well, if you stay off my feet for a week, I'll buy one for you." Unfortunately for her, even this noble offer did not enable Tony to stand entirely on his own feet.

The special teaching these boys required did not set them apart. Our teachers deal skillfully with children so that all those who are working below grade level do not feel depreciated or inferior or less valued as people. Thus teachers are able to engage children's active participation in learning in order to overcome their deficiencies. Ed, who was two years behind in reading, was able to benefit from going up to remedial reading class along with others who were poor readers.

Clifford, tall and handsome and much admired by the fifth grade girls, had great difficulty with spelling and was embarrassed to take his easier words at a separate time from the rest of his group. His teacher worked out a technique of dictating sentences which included the hard words for the class and the easy ones for Clifford. He spotted his words and wrote them at the same time the other children were writing theirs.

In the beginning, the teachers provided very simple work, so that these uneasy children would feel comfortable in the classroom. The boys began by being fearful, reluctant to respond, afraid to give wrong answers, but in this they resembled many others who were unsure about the new teacher or the new grade. In a very short time, less time than it took for many other children, they were able to dig in. Tony learned to keep a notebook, Ed mastered fractions, Cliff climbed from second to fifth grade in reading. On report cards, the boys were given the grades they had earned. Their responses to report cards were handled by the CRB staff, sometimes before and sometimes after the event.

Teachers gave the boys leeway, of course, just as they did other children on occasion. They knew how not to hear every mumbled

word or every pithy four-letter comment. (Actually the CRB staff never ceased to marvel at how well the boys cleaned up their vocabularies for school hours.) The reading teacher was careful to choose stories about science, animal life, adventure—not those with the stereotypes of Father's Day fathers, Mother's Day mothers, and lovely children who save all their spending money to buy presents for their less fortunate neighbors.

Like our other wanderers, two of these boys needed to roam a great deal and get into everything. These wanderers are the ones who, on the way to the lavatory, find something amiss in the storeroom and come to the office to report it. They spot the broken swing on the playground and come to tell the principal about it. Cliff saw the grass fire on the playground and took immediate sensible steps to put it out and to see that there was no uproar. (No, he didn't set it, we are reasonably sure.)

A flexible classroom offers numerous opportunities for children to help one another and the teacher, and the three boys had much to contribute. They had been taken all over the city of Washington; their interests in science had been encouraged and extended. They brought film strips to class and in discussing them improved their speaking skills. They contributed countless maps which they had learned to read well. They taught songs and checkers and chess which the children enjoyed on rainy days. One was particularly helpful to a classmate who was having father trouble. He knew all about father trouble.

Support from Child Research Branch

As we worked with Dr. Redl's staff, we found them scrupulous about keeping their promises and more supportive to us than any other agency in our experience. They provided tutoring, homework help or disciplinary action whenever we requested it. They got things straight: Messages were delivered accurately; calls were returned promptly. As we experienced this support, we were more able to expect and require more "normal" performance from the boys. This is not meant as a recommendation for authoritarian whipcracking. But as teachers come to understand that expectations of high standards of behavior are salutary in that they imply "you can do it," they will have an easier time with all children, and

particularly with disturbed ones. What is meant as a kindness, the overlooking of too much, is too often understood by the child as an invitation to misbehavior. He suspects that the adult lacks the equipment to be effective, and his own negative notion that he isn't good for much anyway and that he cannot operate like the others is reinforced.

When one of our teachers, still not sure, asked how to handle one of the boys when he was out of order, she was urged to deal with him like any other child. "Stop him. Tell him this doesn't go in school."

Any school which is attempting to meet children's individual needs would have found these three boys easier than many others. As we got to know them it was clear that their behavior was not particularly different or unusual, and the specific arrangements we made for them were very much like the ones we made for other children. What was unusual was the help the boys got and the support we got from Dr. Redl's staff. This was central to the success of the entire undertaking. Every teacher who worked with the boys expressed an earnest desire for similar support for the many other troubled children who need such help and do not get it.

The staff of the Child Research Branch had said we were to focus on teaching and they would be responsible for therapy. That is exactly the way it worked. The following accounts will illustrate the help we received for small problems and large ones:

We found that for two months our gluttonous Tony had "conned" another boy into having his mother pack two full lunches so he could bring one to school for Tony. (Tony ate his own lunch on the way to school at 8:30.) The teacher reported this to the housemother. The CRB staff took over and Tony stopped cadging lunches. Another time, when Tony tried to choke a boy, I called for help and the counselor took over. This was one of the times I suggested that Tony be taken home to cool off.

When a mother was worried about whether she should send her son to a party at the N.I.M.H. Cottage, we put her in touch with the housemother. As a consequence, her son went to the party and so did many others. As time went on, invitations to cottage parties were much coveted. They were good parties, and the staff provided two-way transportation for the guests when it was needed.

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very bitter fight on the playground. By dint of great physical exertion and tremendous will, his teacher stopped the fight and saved Ed from seriously hurting another boy. From then on, the teacher was no longer apprehensive about Ed, and she succeeded in helping him make excellent academic progress.

But the point of this last situation is that although the teacher *stopped* the fight, she did not attempt to cope with what went into it for the boy. She reported the incident to Ed's counselor and she knew that the project staff would take action that would be immediate, enlightened and useful to Ed. The teacher knew that nobody would suggest that she was at fault, that she should have prevented the fight with some magic, or that she should keep Ed in after school for a week to write paragraphs about "How To Be a Good Citizen."

The Child Research Branch people knew schools and appreciated teachers' problems, and they seemed to welcome the opportunity to come and visit during or after school hours to learn even more. My secretary said, "When you talked to them on the phone you felt somehow that they were *there* and they really understood what we were saying."

All three boys made significant academic gains. In some subjects, they managed to meet grade level expectations. Ed was graduated at the end of the first year and went on to junior high school, where he had another successful year. Tony and Cliff were with us for two years for the fifth and sixth grades.

The Closing Days

As we approached June at the end of Tony and Cliff's second year with us, we decided to give a little extra emphasis to the closing exercise although the program would be limited to group singing. Just at this time the boys learned that the entire project was to be discontinued on July 1. They were extremely anxious about what was going to happen; some did not even know where they would go, and they were frightened at what might be in store for them. Tony and Cliff maintained an uneasy equilibrium during all of June, and the teachers and I went back to checking and worrying as we had when they first came two years before. Day after day we anticipated a major catastrophe, but they were able to control

themselves remarkably well at school and did not blow up.

Then we learned that Tony was headed for a camp and would have to leave a week before the closing exercises. After these two years of earnest effort and hard work, he would be denied the satisfaction of hearing his name called as one of our graduates, of personally getting his certificate. The Child Research Branch did everything that was possible, but because of the July 1 deadline and other problems too numerous to relate here, there really was no way out.

We decided to have an absolutely perfect dress rehearsal with fifth grade children and all of Tony's friends, teachers and counselors as his guests. Everything went smooth. Tony was given his certificate personally by the principal, who made a small speech—a very small one because her voice cracked and her glasses got very blurry. Tony beamed, clutched the certificate and went back to his place. The children spontaneously burst into tremendous applause. Immediately after the ceremonies, all the adults dashed to the teachers' room, snatched Kleenex and vigorously blew noses. Tony marched triumphantly down the hall to his room where his class gave him a surprise party. Tony and the housemother made sixty cupcakes which he wanted to send back to school as a thank you to his class.

Cliff stayed with us until school closed.

In Conclusion

Although our experience with three boys is insufficient evidence for sweeping generalizations, it was a vivid confirmation of some notions we already entertained.

Teachers are enabled to work with difficult children when they feel supported and free from guilt. They must be able to continue to focus on the group even though they try to give children much individual attention—attention directed primarily to curriculum needs, not personality change. The teacher must be able to remove a disturbed child from the group temporarily in such a way that the removal is useful to the child. She must not be held responsible for, nor drawn into, neighborhood or family problems.

If therapy is underway, the teacher needs to be sure that it is directed to the child or his family, not to her. This does not mean that

the therapist "stays out" in the classical sense. Indeed, therapists whose child patients attend school might participate more actively in supporting the child at school, and the teacher who is responsible for his daily care and education. Differences in role and function for teacher and therapist need definition, and communication lines must be set up.

The nature of school itself offers much that is useful. There are built-in opportunities for children to achieve, to make friends, to feel

group support, to develop interests, to have pleasant, satisfying experiences. The setting provides countless opportunities for children to take responsibility, to gain in self-esteem. The rich curriculum of the modern school provides many wonders beyond the three R's and many areas in which children with specific learning disabilities can excel, so that the strength gained from successes in these non-academic enterprises can be marshalled to attack and conquer academic ones.

COMMENTS: Some Principles for Working with Emotionally Disturbed Children in the Classroom

Leroy H. Blumenthal

Clinical Psychologist
Jewish Children's Bureau of Chicago
Chicago, Illinois

ANYONE who works with emotionally disturbed children should find much of interest in Marcella Bernstein's paper. For those engaged in the education of such children, it is of especially great value. It is always heartwarming to see what others are doing in this pioneering field of educating emotionally disturbed children. And it is comforting to see others meeting with familiar problems, and reassuring to note that in many instances, identical solutions for coping with problems have been independently discovered. To those who are relatively new in the field of educating such children, the paper is a fountain of wisdom. Many of the principles of handling emotionally disturbed children in a public school milieu which are either directly stated or implied in Mrs. Bernstein's paper are, on the basis of my experience in this field, applicable also to a special classroom of four or five emotionally disturbed children. In these turbulent times when school principals and teachers everywhere are experiencing increasing difficulty in handling school behavior problems and other problems which emotionally dis-

turbed children present, the principles in this paper should be exceptionally valuable.

Mrs. Bernstein seems to have completely absorbed all that went on in her school in connection with the three boys from the Child Research Branch. She has distilled from this experience what is most vital, and yet she states her conclusions tentatively and modestly. This is perhaps as it should be, for it is so difficult in this work to establish principles of which we can be sure. However, many of the conclusions derived from my experience in the Jewish Children's Bureau School for emotionally disturbed children closely match Mrs. Bernstein's. And as I read papers and articles about other schools such as ours, I see the same principles being independently discovered. I think it worthwhile to state more concretely some of the principles Mrs. Bernstein has discovered, and add a few amplifying remarks.

The first principle might be called the "division of responsibility." *The teacher should teach and the therapist and other staff of the treatment institution should handle the therapy.* This is not to deny that a teacher should, and can, play a therapeutic role in relation to the children. When the teacher recognized Tony's need for protection from his own hostile impulses, and allowed him to accompany

her to the classroom, this was teacher help and yet save was therapeutic to the encouraged teen in even

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her to the door when she went to the wash-room, this was certainly therapeutic. When the teacher helped Clifford to stay in the group and yet save face during the spelling test, this was therapeutic. All of the teachers were sensitive to the anxiety of these three boys, and encouraged them and elevated their self-esteem in every way they could.

The second principle is concerned with classroom behavior. *The children should be expected to conform to reasonable standards of classroom behavior*, despite their problems or pathology. As Mrs. Bernstein stated, from the child's viewpoint, this is a vote of confidence. If he must act out his pathology repeatedly, he is not ready for public school. Over-permissiveness is not necessary in the school room. In various schools for emotionally disturbed children where it has been tried, it has been found to lead only to chaos. On the other hand, a rigid authoritarian approach leads to concealed resentment, which finally becomes destructive to the child's capacity to learn or adjust. The teachers at Lone Oak School seem to have found a happy medium. They maintained high expectations of the children, but were also flexible and understanding. This is shown by the statement, "They knew how not to hear every mumbled word, or every pithy four letter comment." Yet, the teachers undoubtedly did not allow defiant overt expressions of profanity. As a result, the three boys cleaned up their erstwhile over-colorful vocabulary to a remarkable degree.

For the next principle, I have no better phrase to offer than Dr. Redl's "antiseptic bounce." While the teachers are correct in expecting certain classroom behavior, it must be remembered that these are children with severe emotional problems. The fact that they have returned to public school indicates that they are significantly improved, but not entirely cured. *When, under stress, a child reaches a point when he can no longer cope with his highly charged feelings, it is absolutely essential that he be returned to the treatment center.* At this point the teacher can do nothing else constructive. If she is expected to handle such episodes, she will experience failure, guilt and ultimately resentment. The child should remain out of school until the clinical staff judges him to be ready to return.

This is obviously not punitive to the child. The importance of this principle cannot be overstated.

The Teacher and the Treatment Staff

Another principle of great importance is inherent in the relationship between the teacher and the therapist and treatment center staff. The treatment staff should agree to offer help when needed and should encourage and support the teacher at all times. Their help consists in part of the "antiseptic bounce," and also of readiness to discuss any problem in relation to the child that the teacher is concerned about. The treatment staff must also help by communicating with the teacher when a child is having some particularly distressing problem. Equally important is what the treatment personnel should not do. They should not of course presume to tell the teacher how to teach; this is her sphere of competence. They also should not offer unsolicited advice. Some therapists pick up on unrealistic complaints of the child, and then attempt to "improve" the teacher's methods. Those selected for a project of this kind can be presumed to be interested and adequate teachers, who are entitled to the respect and confidence of the treatment personnel.

The encouragement and support from the treatment staff should not be just a matter of policy, but should be based on a genuine knowledge of the difficult role a teacher has in teaching emotionally disturbed children, and on a genuine appreciation of what she is able to accomplish.

I have stated that the principles we are discussing have wide application. At this point I want to mention that school psychologists in a public school setting would accomplish much more if they learned to have more respect for teachers, and if they learned *never* to make a basically good teacher feel guilty because of her inability to handle an emotionally disturbed child who is in her classroom. So that my view will not mistakenly be called pollyannish, I hasten to acknowledge that not all teachers are good teachers, and some teachers do not deserve respect. Such teachers should be eliminated from the school system, for they do more harm than good.

In a more concentrated setting of emotionally disturbed children, such as the Jewish Children's Bureau School, the teacher needs much more help. As the director of this school, I have weekly sessions with each teacher throughout the year. In the framework of the relationship that becomes established, the teachers are enabled to verbalize their anxieties, and at times their anger or frustration. Any and all problems concerning the school are discussed during these sessions. In a special school, I feel that this type of supervisory-orientation program is of special importance.

There are other principles in Mrs. Bernstein's paper which could be discussed if space allowed. However, it is worthwhile to comment on the first step in admitting an emotionally disturbed child to the public school—the establishment of adequate criteria to determine the child's readiness for return to public school. Even if a good school and good teachers are selected, the venture will fail if the child is still too sick to measure up to reasonable school expectations. If a diagnostic error is made, the treatment personnel should be alert enough to note it without excessive delay, and the child should be withdrawn from school. This will preserve the teacher's confidence and desire to help others who are ready for school.

I was very much impressed by the account of the manifest anxiety experienced by the three boys from CRB. Mrs. Bernstein wondered whether this anxiety could be attributed to the teacher's anxiety or that of the CRB staff. Granted that such anxiety among the various adults did exist, it was not responsible for the long period of anxiety which each of these boys showed. The anxiety of these boys is remarkable and significant, an outstanding bit of evidence of their readiness to return to public school. It was of course painful to them, but essential to their adjustment and fine achievement in the public school. It must be remembered that these were seriously disturbed hyperaggressive boys; the implication is that they had strong asocial impulses and a poorly integrated super-ego. How remarkable that they improved to the point where they were anxious to make the grade! How astounding that they cared enough to be able to tolerate so much anxiety!

Joint Survey Service Established

A joint survey service to help states and local communities throughout the United States improve services and facilities to aid children and families has been established by the Child Welfare League of America with three other voluntary social welfare federations—the Family Service Association of America, the National Probation and Parole Association, and the National Travelers Aid Association.

Maurice O. Hunt, formerly chief of the Bureau of Child Welfare of the Maryland State Department of Public Welfare, is the director of the new service, which will have its headquarters at the offices of the Family Service Association of America, 215 Park Avenue South, New York City.

Mr. Hunt has had a variety of positions with both voluntary and public welfare organizations including: administrator of the Indiana State Department of Public Welfare, and previously director of its Division of Public Assistance; assistant director of the American Public Welfare Association; overseas service with missions of the United Nations Relief and Rehabilitation Administration, including the position in 1946 of deputy director of welfare and chief of child welfare of the UNRRA Greece Mission. He has also served as research assistant with the Indiana State Committee on Government Economy, and the Indiana Boys' School.

Mr. Hunt is a graduate of Indiana University and received his M.A. degree from the Indiana University Training School for Social Work.

The joint survey service will make available to those using it the combined knowledge and findings of a battery of professional staff members from all four national organizations. Fees will be based on survey costs.

Among the specific purposes of the project are: to provide more comprehensive appraisals of the various needs for casework services in local communities; to facilitate the promotion of sound casework services and a "balance" of services relative to other health and welfare programs and the funds available in a given locality; and, as a by-product, to bring the four national associations closer together for exchange of information, examination of policies, and promotion of high standards of service to meet the needs of troubled people.

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CHILD

ILLEGITIMACY AND ADC*

Lt.-Colonel Jane E.
Wrieden

National Consultant
Women's and Children's Services
The Salvation Army

The purpose of this paper is to put a searchlight on ADC and illegitimacy in order to look objectively, or at least with "disciplined subjectivity," at facts and figures, fantasies and feelings, and the forecast for the future.

THE Middle East situation was confusing and alarming. Israel was invading Egypt. England and France were involved in the confusion. Russia was making threats. The United States reportedly sent a secret message to the Mediterranean fleet to be prepared to move at a moment's notice. The reported reply from the fleet was, "We are ready and prepared. Who is the enemy?"¹

In the current attacks on the Aid to Dependent Children program, the answer seems to be, "We are ready and prepared. Who is the enemy?" Is it the unmarried mothers; the unmarried fathers? The unmarried mother who has more than one child? The color of the unmarried mother; her behavior? The child? The cost? The cost to whom? The cost in dollars; the cost in dignity? The "ebbing standards of American mortality"? The "illicit relations"? The "resulting burden on the U. S. taxpayers"? Those who give the assistance? Who is the enemy?

Publicity regarding assistance to children of unmarried parents has put a spotlight rather than a searchlight on problems related to illegitimacy in the United States. The unmarried parent, especially the unmarried mother, and the child born out of wedlock are being illuminated on the stage of community living. The "A" in ADC has become the Scarlet Letter of 1960. What we need is a searchlight to project a beam of light on the social phenomena—their causes and their treatment. The words of Jesus have significance: "If the light that is

in you be darkness, how great is that darkness!" (Matthew 6:23).

What Are the Facts?

According to a report on estimated births in the United States,² in 1957, approximately 4.7 percent of all births in this country were reported as out of wedlock—approximately 2 percent of the white births and approximately 21 percent of the non-white births. Approximately 40 percent of the out-of-wedlock births are to young women under twenty years of age. In 1957, out-of-wedlock births occurred in approximately 3 percent of the female population fifteen to forty-four years of age.

What pertinent data are available on the impact of illegitimacy on ADC, or as the current attacks suggest, the impact of ADC on illegitimacy? *Characteristics of Aid to Dependent Children Families*³ October–December 1958, summarizes information submitted by the states. Approximately 20 percent of the recipients of ADC were unmarried mothers.

North Carolina found that the great majority of children born out of wedlock are taken care of by self-supporting families.⁴ There was no gross evidence that the majority of adults born out of wedlock are anything but law-abiding citizens.

Contrary to popular opinion that once a family gets on ADC, assistance continues indefinitely, Louisiana found that there is constant movement in the ADC program.⁵ About

* Condensed from a paper given at a session under the auspices of the County Welfare Directors' Association and Municipal Welfare Directors' Association at the 58th Annual Conference of the New Jersey Welfare Council, Atlantic City, N. J., on November 18, 1959.

¹ From a brochure, *Youth Appreciation Week*.

² A mimeographed summary from the Department of Health, Education and Welfare, May 1, 1959.

³ U. S. Department of Health, Education and Welfare.

⁴ *The Problem of Births Out of Wedlock*, North Carolina Conference for Social Service, Raleigh, April 1959.

⁵ *Louisiana Welfare*, "We Look at Our ADC Program," Department of Public Welfare, 1958.

17 percent of the children under eighteen registered in Louisiana as out of wedlock are recipients of ADC. Louisiana found that parents of out-of-wedlock children on ADC show significant characteristics. Illiteracy is more frequent than for the whole population. Mothers of illegitimate children were themselves born of demoralized parents, and come from families which for generations have lived at the lowest level of existence, with little opportunity to develop higher standards of conduct. In general these families represent the less efficient workers with the lowest earnings. Many are malnourished. Many live in overcrowded dwellings with no privacy, where from earliest infancy sexual activity is observed.

In considering the ADC picture and the number of unmarried mothers included in the case loads, one should take into account the effect of the expanding Old Age and Survivors Insurance program on ADC. In reading the headlines, too often we forget that ADC today comprises those children for whom other benefits are not available. The percentage of children born out of wedlock who are on ADC is inflated when many needy children are removed because of assistance through other sources.

Another factor to keep in mind in considering the proportion of non-white, out-of-wedlock children on ADC is that more adoptive resources are available for the white children. Estimates are that about 70 percent of the white children born out of wedlock are adopted in contrast to only 5 percent of the non-white children. This difference in adoption rates affects ADC case loads. Still another factor to consider, as revealed in the Louisiana study, is that while unmarried mothers come from all socio-economic backgrounds, the majority of the children in the ADC case loads are in multi-problem families.

More important than the illegitimacy rates, more important than the percentages of children out of wedlock receiving ADC, are such questions as: Why do we have this trend? What is the meaning of the figures and facts to the children born out of wedlock, to the parents, to the community? What can we do about the facts and their meaning? What are the alternatives to ADC?

Shall we abolish ADC? Shall we establish a pound of surplus out-of-wedlock children? Shall we require abortions on all women pregnant out of wedlock? Shall we require sterilization of the mother after the birth of the first child? Or sterilization of the unmarried father, which is less expensive and quicker than major surgery for a woman? Shall we compel all unmarried mothers to surrender their out-of-wedlock children for adoption? Shall we compel all unmarried parents to be marked with a scarlet "A" and keep and support their children? Shall we compel unmarried parents to marry, and when the father is already married require that he be divorced and marry the unmarried expectant mother? Shall we put unmarried mothers in jails or concentration camps after the first child for the duration of the child-bearing years? Shall we exterminate unmarried pregnant women? Shall we teach the use of contraceptives in our schools? Shall we put on a concerted campaign to remove all stigma, so that having children out of wedlock is acceptable in our communities?

Such solutions have been and are being suggested in various areas out of the frustration and desperation of communities. These questions are raised here to help us to think about some of the alternatives to ADC. How we would carry out such solutions is another matter, but realistically these are some of the choices before us in approaching the problem. I am reminded of the wisdom of William Booth who as early as 1890, in enunciating principles for a broad social welfare program, wrote:⁶

"The indirect features . . . must not be such as to produce injury to the person we seek to benefit."

Approach to a Solution

What are the positive measures we might take? I see only one answer: *Face the problem and offer quality service.* Note that I have said "service," which is something much more than assistance in dollars. I have no cure-all to suggest, but there are several steps which I believe undergird any progress toward solution. The first step in approaching any solution is, of course, identification of the

⁶ In *Darkest England and The Way Out*, William Booth, 1890.

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⁷ *Raising U. S. Dep 1957.*

real problem and its complex ramifications, which will involve continuing practical and applicable research. We must keep the roads of inquiry open and unobstructed. Welfare of persons must transcend all other considerations.

Along with continuing research, we must go on strengthening and extending services, tax-supported and voluntary. Strengthening and extending services must include:

Early case finding.

Diagnostic appraisal case by case.

Treatment centers based on individual diagnosis.

Research into causes and treatment methods.

Coordinated and integrated community planning—local, state, regional, national—which includes the home and family, the school, the church, the social agencies and other community resources.

Inquiry must go far beyond the unmarried mothers in the ADC case loads. One cannot help but wonder about the service, or lack of service, for these women and their children long before they were ever known to the ADC program. Furthermore, inquiry must include the fathers of the children born out of wedlock, particularly the fathers of those who are receiving ADC.

Raising the Levels of Wellness

Along with research and service, we have before us the lifetime program of "raising the levels of wellness" in our communities. Dr. Halbert Dunn's concept of "wellness" is something very much more than just the absence of physical and emotional illness.⁷ The goal of health is more than cure or even prevention of physical, moral or emotional disease. Health seeks for the maximum physical, moral, mental, social, and spiritual well-being for individual, family and community. Dr. Dunn says, "Wellness is not just a single condition but a complex made up of overlapping levels of wellness. If the levels could be clearly seen and measured, it might well be found that the majority of persons who are not 'sick' in the conventional sense are actually existing on a very low level of wellness."

⁷ *Raising the Levels of Wellness*, Halbert L. Dunn, M.D., U. S. Department of Health, Education and Welfare, July 1957.

It will cost money to have continuing research, to strengthen all health and welfare services, especially child welfare services, and to raise the levels of wellness in our communities. It may cost much more than we are spending now, but it will cost even more if we do nothing or if we go on blaming ADC. Good service is expensive; no service or insufficient service in the long pull is more expensive. So let's stop making apologies for what it costs to help people and tell the community what it will cost if we work consistently, courageously and convincingly at raising the levels of wellness for all persons in our community.

I always find that the best place to begin is with ourselves and our attitudes. Fifteen years ago, the late Linton Swift gave a credo for social workers, which I would like to paraphrase for those of us who offer service to unmarried parents:

CREDO FOR SOCIAL WORKERS

(Adapted from Credo by Linton Swift)

I respect the dignity of personality as the basis for my professional relationship with the unmarried mother and with others on behalf of her and her child.

I shall base my relationship with the unmarried mother on her qualities as an individual without discrimination because of age, race, creed, color, residence, economic or social or marital status, or previous pregnancies.

I shall respect the confidential nature of my relationship with the unmarried mother, and I shall not invade her personal affairs without her consent except when I must act to prevent injury to her or her child.

I shall base my opinion of the unmarried mother on a genuine attempt to understand her, to understand not merely her words but the person herself and her whole situation and what it means to her and her child.

I shall constantly seek to help the unmarried mother to achieve the maximum of independence and maturity of which she is capable.

I shall respect the dignity of the personality of the father of the unmarried mother's child, and my attitude toward him will be based on the same principles to which I am committed in my relationship with the unmarried mother.

I shall constantly seek to promote high standards of varied and flexible integrated community

services readily available and accessible to prevent and to treat social ills.

I shall continue to recognize that my agency policies are for people; that these policies are a means to an end and not an end in themselves; that policies need to be reviewed and reassessed in the light of ever increasing knowledge and experience.

I shall constantly seek to improve my knowledge and skill and to make my agency's service more available and more effective.

I shall do all I can to promote and to implement good legislation and good social conditions in behalf of all children and families, including unmarried parents and their children.

As a first essential to the understanding of unmarried parents,

I shall constantly seek a deeper understanding of my own attitudes and prejudices which may affect my relationship with the unmarried mother and with others on her behalf.

Only in this spirit can we hope to move forward courageously with diagnostic and treatment services coupled with continuing research and constructive community action in both tax-supported and voluntary agencies.

May we have the compassion and wisdom and mettle to work together to this end in behalf of all children in our communities.



Report on Guardianship

The entire Winter 1960 issue of the *Iowa Law Review*, College of Law, Iowa City, Iowa, consists of a symposium on the question of guardianship. It includes articles, notes and comments on guardianship of the person, guardianship of property, guardianship ad litem, and powers of ward during guardianship. This is a very welcome report, for it treats of an important subject that has been overlooked.



National Conference on Social Welfare

June 5-10

Ambassador Hotel, Atlantic City, New Jersey

Chairman: Miss E. Elizabeth Glover, Executive Director

Maryland Children's Aid Society, Inc.
5-7 West 29th Street
Baltimore 18, Maryland

How Social Service Exchanges Are Used

Because it seemed a foregone conclusion that the social service exchange could not serve the current casework approach, a discussion of the exchange as a professional service in two pamphlets which recently came to us seemed like a challenge. We therefore asked E. Marguerite Gane to give us her reactions to the content.

MANUEL KAUFMAN, Deputy Commissioner, Philadelphia Department of Public Welfare, is the author of *The Social Service Exchange—a Professional Service*; a second pamphlet on this subject consists of a paper by Elizabeth P. Rice of the Harvard School of Public Health on "Inter-Agency Communication: An Essential in Social Work Practice and Research," and a panel discussion, "The Role of the Social Service Exchange in Communication," chaired by Dr. Rosa Wessel, in which Dorothy Hankins, Mazie F. Rappaport and Florence Silverblatt participated.

Mr. Kaufman's paper is so clearly expressed and so logically developed that I find it impossible to take issue with him. He begins by saying that an exchange is "useful only if it functions as a professional service," and then he packs eight or nine tests of a professional service into the end of the sentence. Later he picks up and develops these points.

His attitude toward the recipients of the services of the agencies is impressive. He believes that the exchange takes responsibility for "relating its unique program to assisting the community social services in bringing the strengths of the community to those individuals who need strengthening."

Mr. Kaufman points out the contribution which the exchange makes to early preventive intervention, and to reaching those who do not seek or want help, commenting that "no longer do we hold rigidly to the concept that we cannot work with a hostile human being."

Confidentiality

He quotes the following good, strong statement from the report on confidentiality of the National Social Welfare Assembly:

"Confidentiality is a dynamic not a static concept. The client has a right to expect the agency to use information constructively in his behalf. This involves not only protecting against improper disclosure, but also the responsible sharing of per-

tinent information appropriate to the best possible

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tinent information with appropriate persons at appropriate times, in order to provide for him the best possible service."

Most executives have been through difficult periods in facing up to radical changes in the professional field while endeavoring to keep their agencies realistically oriented to their purposes, and to convert whatever services are available, both professional help and financial resources, into the most effective program for the recipients of the services. An overemphasis on any one part of a service, whether it be on the "confidential relationship" between the caseworker and the client or on a clinical diagnosis, is bound to be limiting.

Is it unusual to have an anxious client say "You'd better get a pencil and take it down or you will not remember what I tell you," or "You can get my record from the X. . . Hospital. They will tell you how sick I was and why I was out of work for months."

Too much "just you and I" is apt to give a client the feeling of claustrophobia since he comes for help to the agency and not to the worker, a fact we tend to forget. Workers come and go, but in the client's mind the agency continues to carry the obligation and the responsibility for giving the help it purports to give. If the clients could participate directly in the policy-making of the agency, would they not regard the intelligent use of the social service exchange as an enhancement of the quality of the service available to them?

Miss Rice uses some of the reference material which Mr. Kaufman uses, and emphasizes the value of actual conferring between agencies. She is not satisfied that "exchange of information" is really communication.

Miss Rice states that "many social workers now believe that the client in accepting the services of the worker for the purpose of helping him to resolve his problems, places in the social worker a trust. Involved in this trust is the understanding that the social worker will not only help him directly, but will also help him to seek the services which he requires; in seeking these services the client trusts the social worker to share such information which will help those services to help him, the client, most effectively."

Miss Rice develops strong argument for a new emphasis in the practice of social work

"on the totality of the problem and of the situation as it exists within the individual and the family, and the degree to which community stresses affect the individual and family." She then makes a strong plea for better working relationships between agencies, and more scientific and exact definitions of problems. She sets up a kind of blueprint for registering and indexing specific problems and for identifying individuals or families most vulnerable to social breakdown. She develops her proposal into an instrument upon which research projects and teaching may be based.

In the panel discussion, Miss Hankins describes the practical application of the professional use of an exchange to situations arising in a psychiatric clinic, with resulting benefits for the patients. She also points to sound policies regarding use of an exchange; she says that "it is not appropriate for everybody to register every case." The following paragraphs are of especial interest:

"I would like to say that I think we all need to keep in mind that whatever information we have through our own contact with the family is information gotten within a certain context and that that influences the information that we have. Sometimes it influences it in the direction of clarifying it, sometimes in the direction of distorting it. In giving information we should keep that in mind, and that we do not have the whole story.

"Moreover in evaluating the material that other people send us or what they say to us, I think we need to keep in mind that we get it in a very special context and that we can't just take everything at face value. This is not critical of ourselves or of other agencies but a recognition of reality. This is one of the reasons why in my opinion if three different organizations have known a family with many problems, it is usually essential to get together and evolve what is as near the fact and understanding as we can, rather than just talking in a kind of round-robin on the phone, or everybody sending everybody else a summary."

Miss Silverblatt's contribution focuses on the values of the exchange to a public agency. Miss Rappaport, who also represented a public agency, adapts the use of the exchange to an authoritative service and speaks of the right of a client to help for himself and in keeping his children, and the responsibility of the professional person in seeking the resources of value and help to the client.

These papers are interesting and contain valuable professional points of view. They should be widely circulated.

E. MARGUERITE GANE

*Executive Secretary
Children's Aid and SPCC of Erie
County, Buffalo, N. Y.*

Adoption for American Indian Children

The Indian Adoption Project, designed primarily to stimulate the adoption of American Indian children, has now been in operation for one and a half years. It is sponsored jointly by the United States Bureau of Indian Affairs and the Child Welfare League of America. Fourteen Indian children, ranging in age from a few days to five years, have been placed in adoptive homes on the East Coast during this time. These placements have all been with Caucasian families, with the exception of one full Indian family. Six other children have been accepted by League member agencies for adoptive planning, and it is expected that they will soon be placed for adoption. It has been gratifying to see the opportunities afforded these Indian children through adoption, as well as the full acceptance which they have received.

The Indian Adoption Project has proved a stimulus towards early permanent planning for Indian children. Bureau of Indian Affairs social workers, state departments of public welfare, and courts have reported that because of this new interest shown in the Indian child and his adoptability, action has been taken more promptly to remove Indian children from neglect situations. Social workers report that they feel better about taking relinquishments of Indian children because the outlook for their adoption has proven more optimistic.

Social services to Indian unmarried mothers living on reservations have also been stimulated. Generally speaking, we have learned that the Indian unwed mother is not so different from the non-Indian, and that illegitimacy on an Indian reservation is not so well accepted as we originally thought it was. Indian leaders on some reservations have told that illegitimacy follows an Indian child throughout his whole life on the reservation, and even if adopted by a family on the reservation he is identified as the illegitimate child of his mother.

While unmarried mother service is compara-

tively new to Indian unmarried mothers living on reservations, it has been interesting to see that they have been able to make use of the service. We have also seen a greater awareness by the Indian people that these mothers are entitled to social services to make a satisfactory plan for themselves and their children, and referral procedures have developed in a very natural way.

A recent survey, completed by the Bureau of Indian Affairs in conjunction with state departments of public welfare, shows that there are approximately 1,000 Indian children of all ages and degrees of Indian blood who are legally free for adoption today. These children are living in foster families, institutions, and Federal boarding schools because adoptive families have not been found for them. Approximately one half are under the age of ten, and about a fourth are under six. Many of the children came into care at a very early age, and therefore are not "Indian" in culture. Homes for Catholic Indian children are especially needed.

Because we are attempting to develop a broader resource for the adoption of Indian children through this project, we would like to suggest that when talking to prospective adoptive applicants, workers include Indian children among those who are available for adoption. Should agencies find families who are interested in adopting an Indian child, and there is no appropriate Indian child available for adoption in the state, the agency may communicate with me at the League office. Since I act as liaison between the agency having custody of the child and the adoption agency planning for the child, assisting in every way necessary to complete the adoption, I can try to locate an Indian child through one of the agencies having Indian children in custody. This procedure has already worked out satisfactorily for the adoption of a number of Indian children. The agencies responsible for these children have guaranteed transportation of child and escort from the place of his residence to the adoption agency, and payment of whatever other costs may be involved. Legal custody will remain with the responsible agency in the state of his original residence until consummation of the adoption, thereby assuring return of the child to his home state should he prove unadoptable.

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participate in this very worthwhile project. You may write directly to me at the League office for details on procedure.

ARNOLD LYSLO
Director
Indian Adoption Project

Day Care of Children

One of the main tenets of the *Child Welfare League of America Standards for Day Care Services*, which will be published in the fall of 1960, is that the child under three years of age should not be admitted to group day care. The young child needs a closer relationship with a mother figure than group care affords. The national committee on day care standards agrees that most healthy children of three and over are ready to accept separation, and eating and sleeping away from home, for part of the day, and can benefit by the educational program which a good day care center can offer.

Resources for the child under three, and also the school-age child who may need day care, have to be included in day care programs. To provide a choice of services for the child and his family on the basis of their individual needs, it is essential that family day care—first originated under philanthropic auspices in Philadelphia in 1915—be further developed. The *Child Welfare League of America Standards for Day Care Services* covers family day care, group day care, and programs for the school-age child. It can be used as a guide by communities in setting up and evaluating their day care services.

The Day Care Study, which is being launched by the League under a grant from the Field Foundation to study all of the community resources for meeting the day care needs of children, is taking shape rapidly. It will provide a comprehensive picture of day care in the United States. The size of the sample will be large enough to assure broad representation of different regions and types of communities, and of the various organizations, agencies and individuals involved in providing day care. The sample will also include groups of working and non-working mothers to find out whether day care resources are meeting their needs. Interest in this project has been evidenced by the response of communities to the announcement of the study. The League welcomes these inquiries and the delineation of local problems.

Doctoral Research Grants in Social Work

The Elizabeth McCormick Memorial Fund will consider applications for grants for doctoral research in social work. Projects must be concerned with children or services for them. The amount of support will depend upon the nature of the project. There is no deadline for applications; processing will require 90 days.

No special application forms are needed. Applicants should submit in triplicate: a full statement of the research proposal and its contribution to the applicant's training, a list of previous publications, and pertinent biographical data. References should include faculty members under whose direction the applicant is doing his doctoral research and a summary of research completed for the master's degree. A one-page abstract of the doctoral proposal must be included.

Unfortunately, limited resources do not permit us to make grants for master's level theses or group projects.

DONALD BRIELAND

Executive Director, Elizabeth McCormick Memorial Fund, 155 E. Ohio St., Chicago 11, Ill.

BOOK NOTES

CWLA Standards for Homemaker Service for Children, New York: Child Welfare League of America, 1959, 45 pp., \$1.25.

CWLA Standards for Homemaker Service for Children was prepared by a selected committee of outstanding persons in the field of social work. It is a thoughtful statement of philosophy and criteria for a sound homemaker program.

There must be general agreement on the proposition that children should be helped to remain in their own homes during periods of crisis when such a plan is best for the emotional and physical health of the children. And we must bear in mind that whenever the mother is ill or out of the home for a period of time for any reason, it feels like a crisis to the child. Having a warm, understanding homemaker to fill the void in the mother's absence eases the fear and anxiety for the children as well as for the husband and father or other relative who carries responsibility for keeping the home intact.

I shall not attempt to discuss these standards in a detailed way, but I should like to call the readers' attention to certain specific sections: for example, the section on the selection and training of homemakers and their role in working as a member of a "team" serving families. It is imperative that in every case the caseworker, the homemaker and the homemaker supervisor each clearly understands her function and the need for cooperation in every case. The *Standards* describes these various roles specifically.

The section on "Organization and Administration of Homemaker Service" is equally helpful to agencies which already have a homemaker service and to those planning such a service. At Family and Children's Service

Association we have used the *Standards* for evaluating our own homemaker service (which has existed for many years) and determining which areas may need strengthening and which seem to be functioning appropriately.

By emphasizing only certain parts of the *CWLA Standards for Homemaker Service for Children*, I do not mean to imply that the total statement does not have great value for the field of services to children. I would strongly recommend that all agencies with an interest in homemaker service make copies available for staff and board members.

CECILE BOTZUM

Director of Casework
Family and Children's Service Association
Dayton, Ohio

CLASSIFIED PERSONNEL OPENINGS

Classified personnel advertisements are inserted at the rate of 15 cents per word; boxed ads \$7.50 per inch; minimum insertion \$3.00. Deadline for acceptance or cancellation of ads is **sixth** of month preceding month of publication. Ads listing box numbers or otherwise not identifying the agency are accepted only when accompanied by statement that person currently holding the job knows ad is being placed. **Please note that Child Welfare will not be published in July and August this year. New ads, revisions and cancellations for the September issue should reach us by August 6.**

CASEWORKERS: The Adoption Institute has several immediate openings for mature, flexible, competent persons with MSW, with or without experience in a child or family welfare agency. Salary related to applicants qualifications. Fringe benefits and challenging work situation. Write: Ben Hoffman, Executive Director, 1026 S. Spaulding Ave., Los Angeles 19, Calif.

LOS ANGELES—Openings for two caseworkers with graduate training in expanding family and child welfare agency—multiple services including marital counseling, unmarried parents, financial assistance, child placement in foster home care and group care, psychiatric consultation. Highly qualified supervision. Standard personnel practices. Opportunities for advancement. Salary, \$4836-\$6656 depending on training and experience. Write: Rev. William J. Barry, Assistant Director, Catholic Welfare Bureau, 855

S. Figueroa St., Los Angeles 17, Calif.

CHILD WELFARE SERVICES WORKER and SUPERVISOR POSITIONS for fast-growing county in southern California. Opportunities in adoption included. Worker I (\$5130-\$6084) requires 1 year's graduate study in social work. Worker II (\$5388-\$6384) requires 1 year's graduate study in social work and 2 years' experience or 2 years' graduate study. Supervisor (\$5940-\$7044) requires 2 years' graduate study and 2 years' experience, 1 of which must be in child welfare. Paid vacation and sick leave, part-paid health insurance, Social Security, other benefits. County Personnel, Courthouse, San Bernardino, Calif.

CHILD WELFARE SERVICES WORKER. Approximately \$460-\$507 per month. Immediate openings in adoptions, child placement

and protective services for social workers with 1 year grad. social work. No experience necessary. High professional standards and advancement opportunities. Write County Personnel, 403 Civic Center, San Diego 1, Calif.

CASEWORKERS in private, non-sectarian, statewide, multiple agency providing family counseling; boarding, day care and adoption home placements; comprehensive services to unmarried mothers; residential treatment for emotionally disturbed children; and protective services. Controlled case loads, excellent supervision, psychiatric consultation, student training program. MSW required. \$4800-\$7000. Initial salary based on qualifications. C. Rollin Zane, Executive Director, Children's Services of Connecticut, 1680 Albany Ave., Hartford 5, Conn.